

**CERTIFICATION OF RECEIPT OF INFORMATION & EDUCATION REGARDING  
HEALTH CARE OPTIONS**

**I, \_\_\_\_\_, certify that I have been given a copy of the Department of Children and Family Services information sheet titled “Your Future, Your Health,” concerning my future health care options, including the importance of designating someone to make health care treatment decisions on my behalf if I am unable to do so. I was also provided with information on how to execute a Power of Attorney for Health Care document.**

\_\_\_\_\_  
(Youth Name, Please Print)

\_\_\_\_\_  
(Youth Signature)

\_\_\_\_\_  
(Date)

**A copy of this statement and the Your Future, Your Health: Power of Attorney for Health Care, if applicable, will be placed in the Youth’s DCFS file.**

\_\_\_\_\_  
(Worker Name, Please Print)

\_\_\_\_\_  
(Position/Title)

\_\_\_\_\_  
(Worker Signature)

\_\_\_\_\_  
(Date)