

State of Illinois
Department of Children and Family Services

Safety Plan Termination Agreement

Date: _____

SCR#: _____

CYCIS#: _____

Dear _____:
(parent(s) / caregiver(s))

On _____, you agreed with the Illinois Department of Children and Family Services to participate in a safety plan on behalf of your child(ren):

_____	_____
(Name)	(Birthdate)
_____	_____
(Name)	(Birthdate)
_____	_____
(Name)	(Birthdate)
_____	_____
(Name)	(Birthdate)
_____	_____
(Name)	(Birthdate)

As of the date of this letter, the Illinois Department of Children and Family Services and _____ agree to end the safety plan.
(parent(s) / caregiver(s))

Parent(s) / Caregiver(s) Signature(s)

DCFS / POS Supervisor Signature