

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

On _____ (DATE), I was advised that a report had been made to the Department of Children and Family Services' Child Abuse Hotline involving _____ (name of Child). I have also been advised that this report meets the criteria for the Pathways to Strengthening and Supporting Family Program. As part of the Pathways to the Strengthening and Supporting Family (SSF) Program, I understand that the Department will not, as part of this Program, conduct a formal child abuse and neglect investigation that would result in an indicated or unfounded finding of child abuse. Instead, I understand that the Department will conduct a comprehensive assessment of me and my family in order to provide services to me and my family. I understand that the services are voluntary and that by signing this form, I am agreeing to participate in the Pathways to Strengthening and Supporting Families Program, to provide the Department with specific information about myself and my child and to participate in services.

I/we have discussed the Family Assessment/Differential Response Program with the worker, we understand the program and that it is voluntary.

I/we agree to participate in the Family Assessment/Differential Response Program.

I/we understand that nothing will be reported to the State Central Register due to my participation in the Family Assessment/Differential Response Program.

I/we understand that DCFS reserves the right to refer this case to DCP/Investigations at any time if there is reason to believe that substantial child abuse or neglect or a serious threat to the child's safety exists.

I/we understand that information gathered during the family assessment may be shared with the Courts, DCP/Investigations and other branches of DCFS.

I/we understand that I may withdraw my voluntary consent to participate in the Family Assessment/Differential Response Program in writing, submitted to my assigned Worker.

Parent/Caregiver: _____ Date: _____

Parent/Caregiver: _____ Date: _____

I have discussed the Family Assessment/Differential Response program with the family and all those who will be participating in the assessment. I have their agreement to participate in the Family Assessment/Differential Response Program.

SSF Worker: _____ Phone Number: _____ Date: _____

Supervisor: _____ Phone Number: _____ Date: _____