

PARTNERING



WITH PARENTS

Connecting to the Child Welfare System Strengthening Families

**Parent-Led Meetings - Resources - Support
in Illinois**

Want to Know More? Share Your Information!

Your Name: _____ Today's Date _____

Address: _____ Apt. # _____

City: _____ Zip Code _____

Phone Number: (____)____ - ____ Email _____

If you're actively involved with DCFS please tell us:

Your Case Worker's Name: _____

Your Case Worker's Phone Number: (____)____ - _____