

ILLINOIS DEPARTMENT OF CHILDREN AND FAMILY SERVICES
ILLINOIS DEPARTMENT OF CORRECTIONS
REQUEST FOR VIDEO CONTACT WITH A PARENT IN IDOC

This form is utilized to request video contact with an incarcerated parent being retained in an Illinois Department of Corrections Facility, when a video contact is in the best interest of the youth in DCFS care.

INSTRUCTIONS: Complete each request fully. A new video request must be made for each individual video contact (e.g. no weekly or bi-weekly requests on one form). This form must include the CFS 2050-Part B, IDOC Video Contact Parental Participation Agreement for initial video contact for a parent.

Parent's Name: _____ IDOC Inmate # _____

Today's Date: _____ Correctional Facility Name: _____

Three separate dates/times for video contact (submit at least 5 business days in advance of this request). Video contact hours are between 9am and 2pm, M-F, excluding State Holidays.

Duration of video contacts is 30 minutes (maximum)

- 1.
- 2.
- 3.

Name and Date of Birth of children to be involved in video contact:

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Name and title of staff, or foster parent, facilitating this video contact:

Permanency Worker's Illinois.gov e-mail address, where the WebEx invitation is to be sent:

The DCFS/POS worker, contractual visitation worker or foster parent listed on this request are responsible for joining the WebEx meeting provided by IDOC at the scheduled date/time. Failure to join at the scheduled date/time will result in cancellation. The cancellation will be noted by the worker.

This video contact date is finalized when the Permanency Worker receives e-mail confirmation with the WebEx invitation from the IDOC facility staff. IDOC Staff will make every effort to send a confirmation, no later than **3** business days, prior to the earliest requested date.