

ILLINOIS DEPARTMENT OF CHILDREN AND FAMILY SERVICES
ILLINOIS DEPARTMENT OF CORRECTIONS
VIDEO CONTACT PARENTAL PARTICIPATION AGREEMENT

Name: _____ DOB: _____

Inmate ID#: _____ IDOC Facility: _____

The Illinois Department of Corrections (IDOC) and Department of Child and Family Services (DCFS) will allow video contact between you, an incarcerated parent residing in an IDOC facility, and your youth in care of DCFS.

In order to participate in video contact, I (the parent), must agree that **all** IDOC and DCFS rules are followed during the contact as follows:

- I may not discuss case dynamic including progress in services, children's placement, possible return home date, or court hearings, during the video contact.
- I will not use profanity or explicit language during video contact.
- I must allow an IDOC staff to monitor the video contact and follow redirection as needed. The contact may be cancelled without prior notice, as IDOC staff deem appropriate.
- I must allow video contact to be monitored by the DCFS caseworker, or their designee. The details of the contact will become part of the family case file and may be included in reports to the Court.
- Video contact information (e.g. observation notes, etc.) will become part of the parent's IDOC Master File.
- I understand that the only purpose of video contact is to maintain and enhance the child and parent relationship.

Additional restrictions may be added by the assigned caseworker. These restrictions must be followed during video contacts. Any additional restrictions are outlined below:

Refusal to sign this agreement, or violation of the above, may result in video contacts being revoked. This form will remain in effect, at the IDOC facility above, until updated or terminated by the assigned worker of the participating parent.

X

Parent Signature/Date

X

Witness Signature/Date