State of Illinois Department of Children and Family Services

CHILD AND FAMILY TEAM MEMBER SIGNATURE SHEET

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☐ 14-Day	☐ 40-day	Quarterly	Reunification	After Care		
Explain missing signature(s) f	or any Core To	eam Member(s)	on reverse side.			
CORE TEAM MEMBERS	<u>Pri</u>	Printed Name		Relationship		<u>Date</u>
Family Member:					<u> </u>	
Child (if over 12):					<u> </u>	
Caregiver/Current/Prospective	/e:				_	
DCFS/POS Case Worker: (DCFS cases only)			_			
OTHER TEAM MEMBERS friends, interested community ag			.e., extended family r	nembers, neighbors,	minis	ters, teachers,
<u>Relationship</u> <u>Prir</u>		ated Name		<u>Signature</u>		<u>Date</u>
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