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Illinois Department of Children & Family Services

To:

**CONFIRMATION OF FAMILY MEETING**

Dear

This is to confirm the date, time, and place of the family meeting agreed upon by you and your caseworker. The meeting will be held:

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Place: \_\_\_\_\_

Caseworker: \_\_\_\_\_

Caseworker's Telephone Number: \_\_\_\_\_

In addition to you, your caseworker, and the casework supervisor, others who, with your consent, will attend the meeting are:

Person and relationship to you: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

As we discussed, you will need: Transportation?  Yes  No Day Care?  Yes  No

Transportation will be provided by: \_\_\_\_\_

Day Care will be provided by: \_\_\_\_\_

**Your attendance and cooperation at the family meeting is very important in planning for your child's future. Failure to attend the meeting may be considered a lack of concern for your child. If you have any questions, please contact your caseworker at the telephone number listed above.**

Sincerely,

