

**PARENT'S RELEASE OF INFORMATION
FOR FOSTER CARE ASSESSMENT PROGRAM (FCAP)
KEY PERSON STAFFING**

For the purpose of conducting the FCAP Key Person Staffing, I authorize the sharing and exchange of information about my family situation to extended family members, treatment professionals, or other relevant participants, in order to help develop a case or service plan. I understand that only those who agree not to further disseminate any information shared at the meeting will be allowed to participate.

Parent's Signature

Place

Date