

**FOSTER CARE ASSESSMENT PROGRAM
CONSENT FOR EXCHANGE OF INFORMATION**

Date_____

I, (parent/relative/caregiver name), acknowledge that the information obtained during the FCAP interview process will be used in a written report and shared with the DCFS social worker and other key people who are involved in (Child's name) life. The information discussed may affect decisions made regarding the treatment and permanency of (Child's name).

Signed_____

Date_____

Witness_____

Date_____