Department of Children and Family Services

Family Team Member Permission Form

Family Name: _____ **Family TIPS #:** _____

I/We, _____ , give permission for the individuals listed below to serve on my/our family's team and participate in my/our case planning process with the Department of Children and Family Services (DCFS). I understand DCFS may recommend including other professionals, as necessary.

Team Member and Contact Information				Relationship to Family
1.	Name:	Phone:		
	Address:		Zip:	
2.	Name:	Phone:		
	Address:		Zip:	
3.	Name:	Phone:		
	Address:		Zip:	
4.	Name:	Phone:		
	Address:		Zip:	
5.	Name:	Phone:		
	Address:		Zip:	
6.	Name:	Phone:		
	Address:		Zip:	
7.	Name:	Phone:		
	Address:		Zip:	
8.	Name:	Phone:		
	Address:		Zip:	

Parent's/Caretaker's Signature: _____ **Date:** _____

Parent's/Caretaker's Signature: _____ **Date:** _____

Family Team Member Permission Form

Addendum

Family Name: _____ **Family TIPS #:** _____

In addition to the individuals listed previously, I/We, _____ give permission for the individuals listed below to serve on my/our family's team and participate in my/our case planning process with the Department of Children and Family Services. I understand DCFS may recommend including other professionals, as necessary.

	Team Member and Contact Information		Relationship to Family
9.	Name:	Phone:	
	Address:	Zip:	
10.	Name:	Phone:	
	Address:	Zip:	
11.	Name:	Phone:	
	Address:	Zip:	
12.	Name:	Phone:	
	Address:	Zip:	
13.	Name:	Phone:	
	Address:	Zip:	
14.	Name:	Phone:	
	Address:	Zip:	
15.	Name:	Phone:	
	Address:	Zip:	
16.	Name:	Phone:	
	Address:	Zip:	

Parent's/Caretaker's Signature: _____ **Date:** _____

Parent's/Caretaker's Signature: _____ **Date:** _____