



# CHILD WELFARE: CONSENT TO RELEASE SOCIAL SECURITY NUMBER

State Form 53254 (6-07) / CW 3230  
DEPARTMENT OF CHILD SERVICES

In accordance with Indiana Code (IC) 4-1-10, I, \_\_\_\_\_, by virtue of my signature below, grant permission to the Department of Child Services to release my / my child(ren)'s Social Security number(s) to the **entities listed and checked below**:

Name of <b>parent</b> or <b>legal guardian</b> <i>(please print)</i>				
Entity(ies)	<input type="checkbox"/> School	<input type="checkbox"/> Medical personnel	<input type="checkbox"/> Mental health center	<input type="checkbox"/> Department of Family Resources
<input type="checkbox"/> Placement Resource	<input type="checkbox"/> Medicaid	<input type="checkbox"/> Probation	<input type="checkbox"/> CASA/GAL	<input type="checkbox"/> Other Service Providers
Name of Provider				

Name of child <i>(please print)</i>				
Entity(ies)	<input type="checkbox"/> School	<input type="checkbox"/> Medical personnel	<input type="checkbox"/> Mental health center	<input type="checkbox"/> Department of Family Resources
<input type="checkbox"/> Placement Resource	<input type="checkbox"/> Medicaid	<input type="checkbox"/> Probation	<input type="checkbox"/> CASA/GAL	<input type="checkbox"/> Other Service Providers
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Name of Provider				

Service Provision may include but is not limited to: a parenting assessor, drug and alcohol treatment facilities, and home-based counseling services.

Placement may include but is not limited to: licensed foster homes, group homes, childcare facilities, child placing agencies, and scattered sites.

I understand that my / my child(ren)'s Social Security information will not be shared with anyone other than the person(s) / entity(ies) indicated in this consent form. This consent form is valid for a period of two years from the date of signature, and a new consent form must be signed upon expiration if the need for it continues.

Signature of parent / legal guardian	Date <i>(month, day, year)</i>
Printed name of parent / legal guardian	