



AUTHORIZATION TO CONTACT CHILD AND FAMILY TEAM MEETING (CFTM) MEMBERS

State Form 54341 (7-10)
DEPARTMENT OF CHILD SERVICES

This authorization is a release of information giving permission for a representative from the Indiana Department of Child Services (DCS) to use contact information for purposes of inviting potential team members to the CFTM. *Use additional releases as needed.*

Name of parent / guardian / custodian	Relationship to child	Telephone number ()
Address (number and street, city, state, and ZIP code)		E-mail address
Name of parent / guardian / custodian	Relationship to child	Telephone number ()
Address (number and street, city, state, and ZIP code)		E-mail address

I/We, as parent, guardian, or custodian, authorize a CFTM to be established and to meet with staff of DCS concerning my/our child(ren):			
Name of child	Date of birth (month, day, year)	Name of child	Date of birth (month, day, year)
Name of child	Date of birth (month, day, year)	Name of child	Date of birth (month, day, year)
Name of child	Date of birth (month, day, year)	Name of child	Date of birth (month, day, year)

I/We authorize information concerning my child(ren)'s case to be discussed at the CFTM. I/We understand that each team member will sign a confidentiality agreement prior to participation in the meeting. I/We designate the following persons to be members of my Child and Family Team:		
Name	Relationship to child	Telephone number ()
Address (number and street, city, state, and ZIP code)		E-mail address
Name	Relationship to child	Telephone number ()
Address (number and street, city, state, and ZIP code)		E-mail address
Name	Relationship to child	Telephone number ()
Address (number and street, city, state, and ZIP code)		E-mail address
Name	Relationship to child	Telephone number ()
Address (number and street, city, state, and ZIP code)		E-mail address

Signature of parent / guardian / custodian	Date (month, day, year)
Printed name of parent / guardian / custodian	
Signature of parent / guardian / custodian	Date (month, day, year)
Printed name of parent / guardian / custodian	
Signature of witness (if available)	Date (month, day, year)
Printed name of witness	
Signature of DCS personnel	Date (month, day, year)
Printed name of DCS personnel	ICWIS case number