**OMB NO: 0970-0408  
EXPIRATION DATE: xxxxx**

**C6. DCFS Youth and Foster Parent Study Contact Form**

*Complete this form for each youth enrolled in the study after the foster parent declines or agrees to the release of their contact information.*

**YOUTH INFORMATION**

|  |
| --- |
|  |
| Youth Name |

|  |
| --- |
|  |
| Evaluation ID |

|  |  |
| --- | --- |
| Is the youth more comfortable reading in Spanish? | |
| * Yes | * No |

**Foster Parent Contact Information**

|  |  |
| --- | --- |
| Did the foster parent agree to the release his/her contact information? | |
| * Yes | * No (skip to caseworker section) |

|  |  |  |
| --- | --- | --- |
|  | Is this a new foster home within the last month? | |
| Name | * Yes | * No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Phone: |  |  | Alternate Phone: |  |
|  |  |  |  |  |
| Address: |  |  |  |  |
| Apt/Room/Bldg: |  |  |  |  |
| City: |  |  | State: | Zip Code: |
|  |  |  |  |  |
|  |  |  |  |  |

**Caseworker Contact information**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | | |  | | | | |
| Name | | |  | | |  | |
| Phone: |  |  | Alternate Phone: |  | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Work Address: |  |  |  |  |
| Room/Bldg: |  |  |  |  |
| City: |  |  | State: | Zip Code: |

|  |  |
| --- | --- |
| **FOR OFFICE USE** |  |
| Staff person who completed this document: |  |
| Date document completed: | / / |
|  |  |