



**ARKANSAS DEPARTMENT OF HUMAN SERVICES**  
**Division of Children and Family Services**  
**Youth Acknowledgment of Rights in Foster Care**

*Youth in foster care will receive a copy of PUB-49: "Be Your Own Advocate: The Short List" within 30 days of entering foster care or within 30 days of their 14<sup>th</sup> birthday, whichever comes first. This form CFS-007 will be provided to youth in foster care ages 14 and older to complete and sign after the youth's Family Service Worker (FSW) or Transitional Services Coordinator has explained PUB-49: "Be Your Own Advocate: The Short List" to the youth and the youth has had the opportunity to ask his or her FSW or Transitional Services Coordinator and attorney ad litem any questions they have about the youth's rights while in foster care.*

Please check the applicable box for each statement:

- | <b>Yes</b>               | <b>No</b>                |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | My FSW caseworker or Transitional Services Coordinator gave me PUB-49: "Be Your Own Advocate: The Short List" to take with me.   |
| <input type="checkbox"/> | <input type="checkbox"/> | My FSW caseworker or Transitional Services Coordinator explained PUB-49: "Be Your Own Advocate: The Short List" to me.   |
| <input type="checkbox"/> | <input type="checkbox"/> | My FSW caseworker or Transitional Services Coordinator let me ask any questions I had about PUB-49: "Be Your Own Advocate: The Short List."  |
| <input type="checkbox"/> | <input type="checkbox"/> | My FSW caseworker or Transitional Services Coordinator also let me ask any other questions I have about the Transitional Youth Services Program and/or my rights while I am in foster care.  |
| <input type="checkbox"/> | <input type="checkbox"/> | I understand I can also ask my attorney ad litem questions about PUB-49: "Be Your Own Advocate: The Short List" or any other questions I may have about my rights while in foster care.  |
| <input type="checkbox"/> | <input type="checkbox"/> | I understand that if I think of other questions about my rights or anything else related to my case or being in foster care, I can ask my FSW caseworker or Transitional Services Coordinator about those questions.   |
| <input type="checkbox"/> | <input type="checkbox"/> | My FSW caseworker or Transitional Services Coordinator also told me about, PUB-50: "Be Your Own Advocate!" that has more detail about my rights in foster care as well as other general information about foster care and/or gave me a copy of PUB-50: "Be Your Own Advocate." |
| <input type="checkbox"/> | <input type="checkbox"/> | I understand I can ask my FSW caseworker, Transitional Services Coordinator, or attorney ad litem for a copy of PUB-50: "Be Your Own Advocate!" if I want more detail about my rights while in foster care and other general information about foster care.                    |

\_\_\_\_\_  
Youth Name

\_\_\_\_\_  
Youth Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
DCFS FSW Name

\_\_\_\_\_  
DCFS FSW Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Attorney Ad Litem Name

\_\_\_\_\_  
Attorney Ad Litem Signature

\_\_\_\_\_  
Date