Arkansas Department of Human Services
Division of Children and Family Services

REQUEST/CONSENT FOR DEPARTMENT OF HEALTH SERVICES

The purpose of the inspection is to determine if the home and surrounding environment provide adequate safety and sanitation. The Department of Health will provide copies of the results to the homeowner and DCFS.

TO _____ County Department of Health:

I/We hereby give consent for an inspection of my/our home and premises at the following location:

_____

Street Address City Zip

_____ _____ _____

Applicant Name (Print) Phone # Email Address

_____ _____

Applicant Signature Date

_____ _____ _____

Applicant Name (Print) Phone # Email Address

_____ _____

Applicant Signature Date

_____ _____ _____

Authorized DCFS Staff Name Signature Date

Report of Department of Health Services Inspection

(Completed by the Department of Health Environmental Specialist)

I have inspected the above indicated home and premises and my findings are as follows:

	Satisfactory	Unsatisfactory
Water System……	☐	☐
Sewage Disposal System……..	☐	☐
General Condition of Home and Surroundings….	☐	☐

Comments/Recommendations:

_____ _____ _____

Env. Specialist Name (Print) Date Local Health Unit

_____

Signature

Return this form to: _____, DCFS

Phone: _____ Email: _____

CFS-455 (06/2011)