



**Arkansas Department of Human Services  
Division of Children & Family Services  
Consent for Use of Funds and Resources**

I authorize the Department of Human Services to apply funds and resources available to it by appropriation or which were received on behalf of

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(Child)	DOB	SSN
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or which constitute the child's property or income, provided, that such funds shall be used solely:

**(Check One)**

- A. To provide food, clothing, shelter, medical, educational and other incidental provisions for the child.
- B. To provide food, clothing, shelter, medical and educational provisions for the child.
- C. For the purpose of \_\_\_\_\_  
(Specify item(s) to be authorized)

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Signature of Parent or Guardian/  
Custodian with Power to Consent to Adoption (Category A, B, or C)

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Date

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Signature of Judge,  
Juvenile Division of Circuit Court (Category C)

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Date

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Signature of Witness (DHS Employee)

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Date

Original will always be maintained in the child's case record. It will be retained until the specified case record is destroyed.