

INSTRUCTIONS

CFS-455

Request/Consent for Department of Health Services

PURPOSE:

To request and provide consent for the Department of Health to test foster family home's water supply and conducts a site inspection.

COMPLETION:

1. Enter the name of the county where the applicant/approved foster parent resides.
2. Enter the address and complete directions (if applicable) to the home.
3. Family Service Worker (FSW) shall obtain the signature(s) of consent from the applicants/approved foster parent(s). The FSW shall print his/her name, and sign and date the form.

NOTE: The form must be sent to the County Department of Health Unit. The FSW should retain a copy of the form until the Department of Health Unit returns the completed form.

4. The Department of Health inspector (sanitarian) shall check the appropriate boxes, add comments or recommendations and print his/her name, and sign and date the form.
5. Enter the Address of the DCFS County Office.

ROUTING:

The original will be maintained in the DCFS file. The Department of Health and the foster parents will retain copies.