**DEPARTMENT OF CHILDREN AND FAMILIES**

Division of Safety and Permanence

**Child-Specific Recruitment  
Consent**

**Use of form:** Use of this form is voluntary, but completion will aid the caseworker in locating a permanent placement resource for the identified child or sibling group. Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes].

**Instructions:** Complete all sections below.

|  |  |
| --- | --- |
| Name – Parent or Guardian (Last, First, MI) | |
| Name – Child (Last, First, MI) | Birthdate – Child (mm/dd/yyyy) |

|  |
| --- |
| **A. Recruitment Consent and Exclusions** |
| For the purpose of placement of the above named child in a permanent resource, I give my consent to the agency, the Department of Children and Families, and the Public Adoption caseworkers to use the following resource(s) to recruit for a permanent placement (check all that apply): |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | Photo listing with the Coalition for Children, Youth and Families | |
|  |  | Video listing with the Coalition for Children, Youth and Families | |
|  |  | Child’s photo to be included in a child-specific description | |
|  |  | Case File Review (Data Mining) to identify any individuals as potential placement resources | |
|  |  | Heart Gallery Participant | |
|  |  | Other: |  |
|  |  |  |  |

|  |  |
| --- | --- |
| **B. Parent/Guardian Information** | |
| Parent / Guardian Information | |
| Address – Home (Street, City, State, Zip Code) | |
| Telephone Number – Home | Telephone Number – Other |

Only one signature is required, either the Parent / Guardian or child if aged 14 or over.

|  |  |  |
| --- | --- | --- |
| **SIGNATURE** – Parent / Guardian |  | Date signed |

|  |  |  |
| --- | --- | --- |
| **SIGNATURE** – Child (age 14 and over only) |  | Date signed |