

IF YOU FEEL YOUR RIGHTS HAVE BEEN VIOLATED OR EXPECTATIONS HAVE NOT BEEN MET, YOU MAY CONTACT:

Social Worker Name:
Social Worker E-mail:
Social Worker Phone:

Social Work Supervisor Name:
Social Work Supervisor E-mail:
Social Work Supervisor Phone:

Your Attorney Name:
Your Attorney's E-mail:
Your Attorney's Phone:

IF YOU FEEL YOU ARE IN PHYSICAL DANGER OR ARE EXPERIENCING A MEDICAL EMERGENCY, CALL OR TEXT 9-1-1

DCF Office:

Office of the Child Advocate
E-mail: oca@ct.gov
Phone: 1-800-994-0939

Office of Community Relations Phone:
1-866-637-4737

CHILD IN CARE/SIBLINGS BILL OF RIGHTS

DCF-780



YOUR RIGHTS

As a child placed in out-of-home care by the Commissioner of Children and Families you have the right to:

1. **BE YOU** – to develop and maintain your own values, hopes, goals, religion, spirituality and identity, including, but not limited to, racial, sexual and gender identity, in a safe and caring environment;
2. **VISITATION and CONTACT** – consistent and regular visitation or ongoing contact with your parents, siblings, extended family and friends, and assistance in connecting or reconnecting with your birth family if desired. This includes active involvement in siblings' lives, including birthdays, holidays, graduations and meaningful milestones. The means of contact shall be outlined in your case plan. Visitation/Contact with siblings shall not be withheld as a behavioral consequences unless safety concerns are present.
3. **PLACEMENT/CONTACT WITH SIBLINGS** – be placed with siblings, or in close proximity to facilitate frequent and meaningful contact.
4. **COMMUNITY PLACEMENT** – be placed in a safe environment in your home community, participate in preplacement visits when possible, receive prior notice of planned changes in placement for you and your siblings, and notice of when siblings are discharged from care;
5. **BE INVOLVED IN DECISION MAKING** – have meaningful participation in the development of your, as well as your siblings, case plan and permanency plan, including, but not limited to, the ability to participate in and select individuals of your choice to participate in meetings concerning such plans;
6. **KNOW YOUR SOCIAL WORKER** – meaningful and regular in-person contact with your social worker, who shall respond to your telephone calls and correspondence in a timely manner, keep you informed of your case status and inform you of your rights regarding your health, visitation, court participation, and credit report monitoring; and
7. **EDUCATION STABILITY** – stability and support in all aspects of your education.

CHILD IN CARE EXPECTATIONS

Your caregiver, while you are placed in out-of-home care by the Commissioner of Children and Families shall:

1. **TREAT YOU WITH RESPECT**, maintaining a healthy relationship with you by emphasizing trust, understanding, empathy and communication;
2. **SET APPROPRIATE BOUNDARIES** with respect to curfews, homework and household responsibilities in order to provide a stable living environment;
3. **ASSIST YOU IN**
 - **BUILDING LIFE SKILLS**, including, but not limited to, grocery shopping and cooking meals, personal financial management and washing laundry;
 - **OBTAINING LEGAL DOCUMENTS AND LICENSES**, including, but not limited to, a birth certificate, Social Security card, state identification card and motor vehicle operator's license;
 - **PARTICIPATING IN EXTRACURRICULAR AND PERSONAL ENRICHMENT ACTIVITIES** and obtaining networking and employment skills;
4. **TREAT YOU LIKE FAMILY**, applying the same age-appropriate household rules and provide the same opportunities to all children residing in the home, including, but not limited to, participation in family activities and vacations;
5. **ENGAGE IN YOUR TREATMENT**, participating in therapy sessions with you upon request or when appropriate;
6. **IMPROVE THEIR SKILLS**, participating in additional foster parent training programs when possible; and
7. **PROVIDE YOU PRIVACY AND SPACE**, permitting you to have age-appropriate personal privacy and privacy with respect to personal items and communications, including, but not limited to, journals, diaries, letters, electronic mail, telephone calls and text messages.

SOCIAL WORKER

I acknowledge that the **Child in Care/Sibling Bill of Rights and Expectations** has been reviewed, and that the child has been told who to contact with questions regarding his or her rights.

Social Worker Name:

Social Worker Signature:

Date SW Signed:

Child has refused or is unable to sign the form:

CHILD / YOUTH

I acknowledge that the **Child in Care/Sibling Bill of Rights and Expectations** has been reviewed with me, and that I have been told who to contact with questions regarding my rights.

Child/Youth's Name:

Child/Youth's Signature:

Date Child/Youth Signed:

CAREGIVER

I acknowledge that the **Child in Care/Sibling Bill of Rights and Expectations** has been reviewed with me, and that I have been told who to contact with questions regarding the rights of the child/youth under my care.

Caregiver Name:

Caregiver Signature:

Date Caregiver Signed: