

LAST Name:	FIRST Name:
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By signing below, I am confirming that I have been told by my DCF Social Worker about the follow rights that apply to me:

- Annual Credit Report
- Court Participation
- Education
- Health
- Visitation
- Youth Bill of Rights
- My worker has offered to provide me with a copy of these specific rights and directed me as to where to find them on the DCF website. These rights have also been explained to me.
- My DCF worker and I have talked about my DCF case plan, including the services and supports that I want and need, including those to help me as I become an adult.
- My worker also let me know that I can have two other people of my choosing, such as my attorney, a coach, a friend, or a teacher, to help create my DCF case plan.
- My worker let me know that there is a meeting that occurs called the Administrative Case Review (ACR) where my worker and I, as well as others that I want to invite, and an ACR worker can talk about my DCF case plan. The ACR worker will let me and the people I invite to the ACR meeting talk about whether I have the services and supports I need, and whether there are any changes I want to make to my DCF case plan.
- My questions about my DCF rights and the development of my DCF case plan have been answered. I am aware that I may ask my worker for additional information about these rights and my case plan, should I have more questions in the future.

Youth's Signature	Date:
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