

**NOTIFICATION OF FAMILY ASSESSMENT RESPONSE RESULTS**

DCF-3025

07/16 (Rev.)



To (Name):	Date:
Address:	LINK #:
	Re: Family Assessment - Report Dated:

The Department of Children and Families (DCF), with your participation and cooperation, recently completed a Family Assessment Response. The purpose of this letter is to remind you of the decision made regarding that assessment.

Together we have concluded the following:

We found that you are willing to work with a community service provider and have referred your family to .

We found that you are willing to work with the community partner agency and have referred your family to .

You will be referred to another State Agency.

We found that continued involvement with DCF will benefit your family. You will be contacted by a Social Worker who will work with you to achieve the goals that we agreed upon in the Service Plan. If you have not heard from your new Social Worker within 5 business days of this letter, please feel free to call me.

You have indicated an interest in applying to the Voluntary Services Program.

You have indicated that you do not wish to continue to receive any services.

There is no need for further services.

Comments:

I have included a copy of the signed Service Plan for your records.

Please feel free to call if you have any questions or concerns.

Sincerely,

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Social Worker:

Telephone: