

## Release and Consent for Child Specific Recruitment

Case Number:	Caseworker Name:	Child Name:	Date of Birth:
Region:	Office	Program:	Phone:
Address:	City:	State:	Zip:
I/We,		_ , give consent to hav	e the following types of
	<sup>Name(s)</sup> ehalf of the above-named	child for finding:	
	☐ An adoptive family	☐ A foster family	
understand only the child' ackground is released as	s first name will be used and part of the profile.	d no confidential inform	nation regarding the child's
Please check all items for w	which you gave consent:		
Newspaper  Local Area Only Any Geographic Area  Non-local Area Only	Television  ☐ Local Area Only ☐ Any Geographic Area ☐ Non-local Area Only	Northwest Adoption WA Access through	tes & Recruitment Programs on Exchange (NWAE) th NWAE (password protected website) Profiles (public website) ful Kids (WWK)
<mark>Consortium</mark> □ Yes □ No			
1ay we use the child's photo્ ો Local Area Only	graph and/or video images:  Any Geographic Area	☐ YES ☐ NO ☐ Non-local Area Or	nly
Comments/Additional Inform	ation:		
	n parents must agree and sign		der an Open Adoption Agreement s, a court order must be obtained to
Parent Signature		Print Name	Date
Parent Signature		Print Name	Date
DCYF Caseworker Signature		Print Name	Date