

## Extended Foster Care (EFC) – Consent for Virtual Health and Safety Visits

Youth Name \_\_\_\_\_

Birthdate \_\_\_\_\_

Caseworker Name \_\_\_\_\_

Case Number \_\_\_\_\_ Date \_\_\_\_\_

### Purpose

Regular Health & Safety Visits (HSVs) are required to ensure your safety and well-being. These are usually in person but may be done virtually when appropriate and agreed upon.

### When Virtual Visits Can Be Used

- When you and your caseworker agree it's best for the month.
- When you're temporarily out of the area or unavailable in person
- When in-person contact poses a health or safety risk.
- At least one in-person visit will still occur every 90 days unless otherwise approved.

### Technology Used

Visits may use Microsoft Teams, Zoom (DCYF account), or other secure platforms. Choose a private, safe space for your visit. You can stop the visit anytime if uncomfortable.

### Confidentiality

- Visits are not recorded.
- Information is documented as required by DCYF.
- Your caseworker will confirm who is present to ensure comfort and confidentiality.

### Your Rights

- You can choose in-person visits anytime.
- You may withdraw consent anytime by telling your caseworker.
- You can ask for another arrangement if you have concerns about safety, privacy, or technology.

### Acknowledgment and Consent

I understand that virtual HSVs may be used for my EFC case when agreed upon with my caseworker. I can ask questions or withdraw this consent at any time.

Youth Signature \_\_\_\_\_

Date \_\_\_\_\_

Caseworker Signature \_\_\_\_\_

Date \_\_\_\_\_

Supervisor Signature (*if required*) \_\_\_\_\_

Date \_\_\_\_\_