



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 have the following types of
Parent Name(s)

recruitment initiated on behalf of the above named child for finding:

- An adoptive family A foster family

I understand that only the child's first name will be used and the confidential information regarding the child's background will not be used.

Please check all items for 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

Photo profile websites & Recruitment Programs

- Washington Adoption Resource Exchange (WARE)
 Northwest Adoption Exchange (NWAE)
 NWAE In-Depth Profiles
 Wendy's Wonderful Kids (WWK)

Consortium

- Yes
 No

May we use the child's photograph and/or video images: YES NO

- Local Area Only Any Geographic Area Non-local Area Only

Comments/Additional Information:

*The Division of Children, Youth, and Families will search for a family willing to consider an Open Adoption Agreement with the child's parent(s).

Parent Signature	Print Name	Date
Parent Signature	Print Name	Date
DCYF Administrator Signature	Print Name	Date