

CHILDREN'S ADMINISTRATION  
**Family Assessment Response:  
Referral for Community Resources**

The following community resources may help me and my family:

NAME OF COMMUNITY RESOURCE	CONTACT INFORMATION

I understand that DSHS and the State of Washington are not responsible for people or businesses that are not operated by DSHS. I will not hold the state of Washington, DSHS, or its employees legally responsible for any claims I might have for damages or injuries that may arise because of the third party business or person that provides me and my family services or supports during our participation in the Family Assessment Response.

PARENT / CAREGIVER'S SIGNATURE	DATE	PARENT / CAREGIVER'S PRINTED NAME
PARENT / CAREGIVER'S SIGNATURE	DATE	PARENT / CAREGIVER'S PRINTED NAME
CASEWORKER'S SIGNATURE	DATE	CASEWORKER'S PRINTED NAME
CASEWORKER'S TELEPHONE NUMBER (INCLUDING AREA CODE)		

**DISTRIBUTION:** Original to case worker; copy to parent