

CONSENT FOR MEDIA INVOLVEMENT

Date:

Case Number:

Consent is hereby given for _____ / _____
Youth's Name Date of Birth

To participate in activities related to the State Youth Advisory Board and other youth leadership activities on behalf of youth in foster care in which media may be involved.

Children's Service Worker

Court of Jurisdiction



AUXILIARY AIDS AND SERVICES ARE AVAILABLE UPON REQUEST TO INDIVIDUALS WITH DISABILITIES

TDD / TTY: 800-735-2966

RELAY MISSOURI: 711

Missouri Department of Social Services is an Equal Opportunity Employer/Program.