



CONSENT TO ALTERNATIVE RESPONSE ASSESSMENT

I, _____, have been advised by the Nebraska Department of Health and Human Services that my family is eligible to receive an Alternative Response assessment.

I understand that the assessment of my children's safety is not optional, and that if I do not wish to receive an Alternative Response assessment, that a traditional investigation will be conducted regarding the safety of my children.

The following information has been explained to me:

- In order for DHHS to complete an Alternative Response assessment, a DHHS caseworker will have contact with my family, including my children. There may be times when this contact occurs in my family home.
- After my caseworker has determined my children are safe and has completed a comprehensive assessment of my family, we are not required to participate in Alternative Response and may choose to end our participation at any time with no action taken against my family.
- My DHHS caseworker is a mandatory reporter under state law, and if at any time during contact with my family, my caseworker has reason to believe my children are unsafe, the law requires that the caseworker report this information.
- If my children are determined to be unsafe by my DHHS caseworker, my family may no longer be eligible to receive an Alternative Response, and a traditional investigation may begin. My caseworker will notify me if this transition is necessary.
- DHHS may determine that Alternative Response is no longer appropriate for my family and end our Alternative Response. My caseworker will notify me if this occurs.
- I have the right to speak with an attorney, at my own expense, at any point during my cooperation with the DHHS.

I acknowledge that I have been provided with the Alternative Response informational pamphlet and have had an opportunity to review that pamphlet and ask questions regarding the information contained in the pamphlet.

Information regarding Alternative Response has been shared with me and I, _____, desire for my family to participate in Alternative Response and consent to my family having continued contact with our caseworker.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Mark the box if the Parent/Guardian declined to sign consent form.

Dates presented to the family & explanation: