

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency



Youth Bill of Rights Acknowledgement Form

I, _____, am 14 years of age or OLDER and have received a copy of the Bill
Please Print Name

of Rights for Children and Youth in Foster Care and my social worker has reviewed these rights with me.

OR

I, _____, am the Resource Parent/Guardian ad Litem for
Please Print Name

_____ and have received a copy of the Bill of Rights for Children
and Youth in Foster Care because the youth is UNDER the age of 14.

Youth Name
(Print)

Date

Youth Signature

Date

OR

Social Worker/Guardian ad Litem Signature

Date