

**KING WILLIAM COUNTY
Family Assessment and Planning Team**

Release of Information Form

I give consent for the following agencies:

King William Public Schools	West Point Public Schools
King William Social Services	9 th District Court Services Unit
MP/NN Community Services Board	Three Rivers Health District
Parent Child Development Center	
thrive VIRGINIA – Project Hope	
KW/K&Q Victim Witness Assistance Program	
Magellan Behavioral Health of Virginia (Managing Care for Virginia DMAS)	
OCS/Statewide/local CSA offices, as applicable	

OTHER: _____

to share information about my child and my family among the named agencies, with the Community Policy and Management Team, and with the Family Assessment and Planning Team for the purpose of coordinating services in accordance with the provisions of the Children’s Services Act.

Child’s Name: _____

Child’s Social Security #: _____

Parent/Guardian signature

Date

Parent/Guardian signature

Date

Witness signature

Date

I have received a copy of the King William FAPT/CPMT Child/Family Rights:
(initials) _____

PARENT CONTACT INFORMATION:

Name(s)

Telephone #

Address: _____

Email Address: _____