



**ALTERNATIVE RESPONSE AGREEMENT**  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CHILDREN AND FAMILY SERVICES  
SFN 495 (12-2024)

Name of Client	Human Service Zone
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I have been advised that my family is eligible to receive an Alternative Response Assessment by a worker from the Human Service Zone listed above.

I understand the assessment of my child(ren)'s safety is not optional, and that if I do not wish to receive an Alternative Response Assessment, a Standard Child Protection Assessment will be conducted regarding the safety of my child(ren).

The following information has been explained to me:

1. In order for Child Protection Services (CPS) to complete an Alternative Response Assessment, a zone CPS worker will have contact with my family, including my child(ren). There may be times when this contact occurs in my family home.
2. After the CPS worker has determined my child(ren) are safe and has completed a needs and safety assessment of my family, we are not required to participate in an Alternative Response Assessment and may choose to end our participation at any time and instead have a Standard Child Protection Assessment.
3. The CPS worker is a mandatory reporter of any suspected child abuse or neglect under state law, and if at any time during contact with my family, the CPS worker has reason to believe my child(ren) are unsafe, the law requires the CPS worker to report this information.
4. If my child(ren) are determined to be unsafe by the CPS worker, my family may no longer be eligible to receive an Alternative Response Assessment, and a Standard Assessment will begin. The CPS worker will notify me if this transition is necessary.
5. The Human Service Zone may decide an Alternative Response is no longer appropriate for my family and end our Alternative Response Assessment. The CPS worker will notify me if this occurs.
6. I have the right to speak with an attorney, at my own expense, at any point during my cooperation with the human service zone.

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

I acknowledge and agree to work with the CPS worker to develop and follow a Plan of Safe Care to ensure the safety and well-being of my infant.

I acknowledge and agree to contact the CPS worker if I am unable to meet as scheduled.

I acknowledge and agree to sign any necessary releases of information to allow the CPS worker to speak with service providers, family members, and others who are necessary to verify safe care of my child(ren).

Information regarding Alternative Response Assessments 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 the CPS worker.

Parent/Guardian Signature	Date
Parent/Guardian Signature	Date

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

Identify Dates Presented to the Family and Explanation