**DATA SHARING WITH THE VIRGINIA DEPARTMENT OF SOCIAL SERVICES (VDSS)**

Our post-adoption and kinship support program is funded by a grant from VDSS. VDSS requests your consent to share certain personal information with them for research and to evaluate our services. **Sharing your data is optional**, and services won’t be affected if you choose not to share. All shared data will be protected by state and federal law.

You can withdraw your consent at any time. To change your consent status, contact rpacs@depaulcr.org.

VDSS is requesting the following data for each household member:

* First name
* Last name
* Date of birth
* Race
* Home address
* Parent/Legal Guardian email address
* Services received (case management, peer support, mental health, training/education, crisis support)
* Date and location of service

I consent/decline to share my personal data as described above with the Virginia Department of Social Services.

[ ]  Consent [ ]  Decline

Please list all members of the family whose data can be shared with VDSS

Parent/Legal Guardian signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

Parent/Legal Guardian signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: