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CHATT Child Information Form

Name of Child _____

Date of Birth _____

Address _____

Telephone numbers (please list all contact numbers and specify type)

Name of mother _____

Name of father _____

Address of nonresidential parent (if applicable)

Names and ages of siblings residing in the home

Please list names and contact information for other family members or caretakers with whom we may be working

I understand that I may revoke this consent at any time except to the extent that it has already been acted upon prior to my revocation. Revocation will be honored upon written notification.