



Eric J. Holcomb, Governor  
Terry J. Stigdon, MSN, RN, Director

**Indiana Department of Child Services**  
Room E306 – MS47  
302 W. Washington Street  
Indianapolis, Indiana 46204-2738

317-234-KIDS  
FAX: 317-234-4497

[www.in.gov/dcs](http://www.in.gov/dcs)

**Child Support Hotline: 800-840-8757**  
**Child Abuse and Neglect Hotline: 800-800-5556**

Date:

Dear \_\_\_\_\_,

The Department of Child Services (DCS) is a state agency working to protect children from abuse and neglect through partnership with families and communities. I am a Family Case Manager with DCS and am currently assessing allegations of abuse and or neglect involving\_\_\_\_\_. You have been identified as a parent or guardian, therefore you may be a party to this case.

I will be contacting you regarding the assessment allegations and am interested in learning more about you and your child and how I may assist your family while working with DCS. Some of the topics we may discuss are included in the enclosed questionnaire and will help me better understand the strengths and needs of your family. It is very important that you complete the questionnaire and return it to me in the enclosed self-addressed stamped envelope. This information will be a starting point for gathering and sharing information about your family.

Currently your child is being cared for by a:

Parent (In-home)       Foster Caregiver       Relative Caregiver  
 Group Home provider       Kinship Caregiver       Other

Please do not hesitate to contact me with any questions or concerns.

Sincerely,

Family Case Manager

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone number: \_\_\_\_\_

Enclosures:

Incarcerated Parent Demographics & Incarcerated Parent Information Forms

Two pre-addressed and stamped envelopes



*Protecting our children, families and future*