STATE OF NEVADA

#### ROMAINE GILLILAND

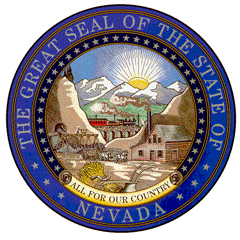
#### Director

#### BRIAN SANDOVAL

## Governor

## AMBER L. HOWELL

## Administrator



**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**DIVISION OF CHILD AND FAMILY SERVICES**

**Children’s Mental Health Services**

**Acknowledgment of Missed Appointments / No Shows**

DCFS makes every effort to work with families and children in true partnership. We encourage families and children to let us know what is working for them and what may not be working for them.

Sometimes families and children must wait for DCFS services due to community demand for the services offered by the Division. The Division attempts to serve families and children timely in all circumstances. In order to serve waiting families timely, we must close cases when families do not maintain contact with the Division or when they fail to keep or request to reschedule appointments. If a family does not keep appointments and does not keep in touch with their DCFS staff, the Division will assume services are no longer needed or wanted.

After the second incident in which a family fails to call to reschedule or cancel an appointment or a family fails to show up for a scheduled appointment, the Division will send the family written notice informing the family that their case will be closed unless the family contacts the Division within 10 calendar days. If the child is also receiving medication management from a DCFS psychiatrist, those services will be terminated as well if there is no contact from the legally responsible person.

By signing below, I hereby acknowledge I have read the above notice and understand the circumstances under which my child’s services may be terminated by DCFS and the limits of medication management provided by the Division of Child and Family Services.

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Signature of Legally Responsible Person Date

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Signature of DCFS Staff Witness Date