

## Department of Children and Family Services Receipt of Non-Discrimination Policies and Statements Acknowledgment Form

---

*I hereby acknowledge that I have received a copy of DCFS Policies 2-02, Non-Discrimination in Service Provision; 2-03, Non-Discrimination in Employment; 2-04, Reasonable Accommodation; and 2-05, Electronic and Information Technology Accessibility.*

DCFS Policy 2-02,  DCFS Policy 2-03,

DCFS Policy 2-04,  DCFS Policy 2-05

\_\_\_\_\_  
Division/Bureau/Section

\_\_\_\_\_  
Parish/Cost Center

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Personnel #

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date