**Edwin Fair Community Mental Health Center**

**Health Home Consent for Treatment of Child**

Name of Consumer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Chart #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Male Female

Your child is eligible to receive Health Home services at Edwin Fair Mental Health Center. These

services will help your child become healthier, live longer, and manage any chronic illnesses he

or she may have. The Comprehensive Care Plan will include both mental health and physical

health goals. Your child will receive intensive care coordination and care management, help

with transitioning in and out of any different levels of care that might be needed, and referrals

and linkages with community support. Your child will still receive some current services as well.

Some services might change if they are being received somewhere else (for instance, case

management). There may be more than one Health Home in your area, and if so, you have a

choice available.

By signing this form you are saying that you have read this Consent and understand it,

and that you agree for your child to participate in Edwin Fair Mental Health Home Program.

If, at a later time, you decide you no longer want your child to participate in Health

Home, you may withdraw at that time. If, at a later time, you decide you want to switch your

child to a different Health Home, you may do so, if there is another in your service area.

# Signature of Consumer, Parent, Guardian or Date

Authorized Representative