**Edwin Fair Community Mental Health Center**

**Health Home Consent for Treatment of Adult**

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

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

Male Female

You are eligible to receive Health Home services at Edwin Fair Mental Health Center. These services will help you become healthier, live longer, and manage any chronic illnesses you may have. Your Comprehensive Care Plan will include both mental health and physical health goals. You 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 to community support and services. You will still receive some current services as usual. Some services might change (for instance, case management). There may be more than one Health Home available in your area, and if so, you have a choice.

By signing this form you are saying that you have read this Consent and understand it, and that you agree to participate in Edwin Fair Mental Health Home Program.

If, at a later time, you decide you no longer want Health Home, you may withdraw. If, at a later time, you decide you want to switch to a different Health Home, you may do that, if there is another available in your service area.

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# Signature of Consumer, Parent, Guardian or Date

Authorized Representative