



## **Participant Consent for a Children's Trust Funded Program**

The Children's Trust of Alachua County contracts with community agencies that work together to provide services, screening, and assessment to eligible children, youth, and families.

This signed consent signifies my agreement, and that of my minor children, whether named below or born within one year of my signing this form, to participate in a Children's Trust funded program focused on promoting children and youth who are:

- Healthy and have nurturing caregivers and relationships,
- Learning what they need to be successful, and
- Live in a safe community.

Program services may include screenings, educational or enrichment activities, assessments, treatment, and referrals to services that will support my family in meeting identified goals and may include future services for me or my minor children (or both).

### **I understand that:**

- All information collected about me or my minor children while participating in these programs and services will be protected from disclosure and misuse as described in the Children's Trust's [Data Collection and Management Policy](#).
- I have the right to have my complaints, questions, and suggestions heard and to receive a timely response.
- Services offered through the Children's Trust funded programs are voluntary and I may participate in those that I find appropriate.
- I have the right to withdraw my consent, in writing, and stop participation in services at any point in time.
- I have the right to expect that participating agencies will deliver competent, quality services without discrimination.
- This signed consent allows participating agencies to establish a family chart, maintain participant records and enter my personal information into a data system. Information to be collected may include demographics, participation, surveys, assessments, and screening results, referrals, and case/progress notes. This information will be available to those directly working with me and my family for the purpose of planning and providing services. This consent will also permit the collection of information on services that I am receiving or may receive in the future.
- My family chart may be reviewed for administrative, fiscal, evaluation, audit purposes; or to ensure quality. My personal information may be shared with other agencies to evaluate the impact of the program. Any reports produced from such review will not contain identifying family information.
- Participating agencies will comply with state laws that require them to report if we suspect a child is being abused or neglected.



\_\_\_\_\_ My initials show I had a chance to ask questions about this Children's Trust funded program and my questions were answered. Questions may be asked of program staff or the Children's Trust of Alachua County at (352) 374-1830.

**Participants 18 years old or older:**

After reviewing all the information on this form, I am indicating consent for my participation in the Children's Trust funded program.

\_\_\_\_\_

Participant's Signature

\_\_\_\_\_

Participant's Printed Name

\_\_\_\_\_

Date

**Minor children under 18:**

After reviewing all the information on this form, I am indicating my consent for my minor children to participate in the Children's Trust funded program.

\_\_\_\_\_

Child's Name

\_\_\_\_\_

Child's Name

\_\_\_\_\_

Child's Name

\_\_\_\_\_

Child's Name

\_\_\_\_\_

Child's Name

\_\_\_\_\_

Child's Name

\_\_\_\_\_

Parent/Legal Guardian Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Parent/Legal Guardian Printed Name