



Family Mentor Project

Family Mentor Project RHC CONSENT FORM

My relative/person receives services from (check one)

- | | |
|---|---|
| <input type="checkbox"/> Fircrest School | <input type="checkbox"/> Rainier School |
| <input type="checkbox"/> Lakeland Village | <input type="checkbox"/> Yakima Valley School |

| | |
|---|--|
| Name of RHC resident | |
| CHECK ALL THAT APPLY | |
| <input type="checkbox"/> agree <input type="checkbox"/> disagree Initial: | I voluntarily give permission to the Residential Habilitation Center and Family Mentor project to contact me to share information about the project. |
| <input type="checkbox"/> agree <input type="checkbox"/> disagree Initial: | I voluntarily give permission for the Family Mentor Project staff to attend my relatives'/persons' annual Individual Habilitation Plan or Personal Care Plan meeting to share information about the project. |
| <input type="checkbox"/> agree <input type="checkbox"/> disagree Initial: | I authorize the RHC named above to share information about my relative/person with the Family Mentor Project staff. |

I understand this involvement is voluntary and that I may stop my permissions at any time.

| | |
|--------------------------------------|---|
| Name (please print) | Date: |
| Signature | |
| Address: Phone: Email: | <input type="checkbox"/> parent <input type="checkbox"/> guardian <input type="checkbox"/> superintendent <input type="checkbox"/> relative <input type="checkbox"/> other legal representative |