



**CONSENT AND AGREEMENT FOR SUPPORTED COMMUNITY LIVING SERVICES:
CHILDREN AND YOUTH**

As parent/legal custodian of _____, I hereby give my
consent for his/her placement in the _____
(facility/service)
at _____ for assessment, treatment, and care.
(address)

I agree to:

- Pick up the child and relieve the above named facility/service of responsibility for him/her on the agreed upon discharge date of _____, which may be subject to modification based on the recommendation of the family support team.*
- Pay _____, each month to the above named facility/service for the care and treatment of the child beginning _____, and continuing until his/her discharge. This may be subject to modification based on changes in ability to pay as determined by the Standard Means Financial Questionnaire.*
- Arrange for payment of the child's medical/dental care in the following manner:*

- Work cooperatively with the child's support/treatment team which will meet next on:*

SIGNED

(PARENT/LEGAL CUSTODIAN)	DATE
(REFERRING AGENCY)	DATE
(FACILITY/SERVICE PROVIDER REPRESENTATIVE)	DATE