



## 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	
<b>CHECK ALL THAT APPLY</b>	
<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