



# Family Mentor Project

## Family Mentor Project (FMP) General Consent Form

My relative / person receives services from (check one)

- Home and Community Services (HCS)
- Developmental Disabilities Administration (DDA)
- Other

<b>Name of relative / person</b>
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I authorize the Family Mentor Project to contact me to share information about FMP.

I authorize DDCS Case Resource Managers and other Case Managers 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 permission at any time.

Name (please print)	Date:
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Signature	
Address:	[ ] parent
Phone:	[ ] guardian
Email:	[ ] relative
	[ ] other legal representative