



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

Name of relative / person

I authorize the Family Mentor Project to contact me to share information about FMP.

I authorize DDA 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:
Signature	
Address: Phone: Email:	<input type="checkbox"/> parent <input type="checkbox"/> guardian <input type="checkbox"/> relative <input type="checkbox"/> other legal representative