

Consent to Receive Services:

The following list represents the programs and services of The Little Tree Project Aftercare and Residential Programs. Each of these services has been explained to me by a Little Tree Project Staff person.

- Long Term Residential
- Spiritual Counseling
- Aftercare Services
- Life Skills
- Group Counseling
- Medical Assistance
- Referral for Services
- Independent Dwellings
- Education
- Individual Counseling
- Safe Housing Placement
- Transportation
- Transitional Housing Program
- Stipend
- Identification Services
- Career and Job Training
- Evaluation of Needs

1. I understand that if I agree to participate in the program, staff will identify and obtain services to meet my needs.

2. I also understand that the services extended to me require my cooperation. Therefore, I agree to undergo complete medical, dental and Mental Health evaluations upon my entry, and to comply with all directives following those evaluations, during my stay with The Little Tree Project.

3. I also understand that the staff of The Little Tree Project wants to evaluate the effectiveness of their services. I am being asked to participate in the evaluation by allowing The Little Tree Project to use information I gave during:

- Intake and Profile
- Six-month follow-up interview after completing the program
- Twelve-month follow-up interview after completing the program

My signature below indicates that: (Please check YES or NO)

YES NO I ACCEPT the services offered to participate in the program.

YES NO I AM WILLING to follow the guidelines that govern service delivery

YES NO I AM WILLING to participate in evaluating the effectiveness of the program by completing the 6 & 12 month follow-up interviews.

Resident Name: (printed) _____

Case #: _____

Resident Signature: _____

Date: ____/____/____

Staff Signature: _____

Date: ____/____/____

