

*Wayne County Department of Children and Family Services
Juvenile Services Division*



Robert A. Ficano
County Executive

INFORMED CONSENT AGREEMENT

I / we agree that _____, for whom I have legal responsibility, and our family will participate in the treatment/program(s) that we have initialed below. We understand that our participation in the indicated treatment/program(s) is voluntary and that we may rescind our consent at any time. We agree for our child and family to participate in the following treatment/programs, which have been described to us:

Parent/Guardian Initials	Service/Program	Parent/Guardian Initials	Service/Program
	Assessment Services		Voice Verification
	Electronic Monitoring		In-Home Detention
	Substance Abuse Treatment		In-Home Services
	Day Treatment		Respite Care
	Youth Assistance Program (YAP)		
Parent/Guardian Signature:			Date:
Agency Worker Signature:			Date:
Agency:			

C.C. Youth
Parent
File