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| **NM High-Fidelity Wraparound Consent Form** |

The following items are essential to the care of you and/or your family while participating in Wraparound.

You should know that:

**Participant Rights**

1. You and your child or guardian’s participation in Wraparound is completely voluntary.
2. You may stop participating at any time. This will not affect your other services in any way.
3. The length of your participation in Wraparound will depend upon decisions made by you, your family, and your Wraparound team.
4. If you or your child talks about harming themselves, someone else, or child abuse and/or neglect, we are required by law to report this to the proper authorities to make sure they and others are safe.

**Approval**

By signing below, I acknowledge the following:

1. **Acknowledgement of receipt of participant rights:** *I have read and understand my rights as a participant in Wraparound.*
2. **Consent for information to be used in evaluation:** *I understand that non-identifying data obtained during my enrollment in Wraparound will be used for evaluating the effectiveness of the program. No information presented in evaluation reports* *will contain any identifying personal information.*
3. **Consent for participation in Wraparound:** *I hereby give my consent for me and/or my child to participate in Wraparound.*

Unless otherwise specified below, this consent will expire 12 months from the date it was signed. This consent or any part of this consent may be canceled at any time with written notification.

Youth Name (please print) Date of Birth Date consent will expire

Youth’s SignatureDate

Parent or Legal Guardian’s Signature *(required if enrollee under age 14)* Date

Witness Signature Date

Distribution

Copy of form to youth/family