King County

Change of Family Resources Coordination (FRC) Agency and Consent Form

Child's Name: _____ Child's DOB: _____
First Middle Last

I, _____ am changing the agency from which I receive
(name of parent – PLEASE PRINT)

Family Resource Coordination (FRC) services.

Name of current FRC agency: _____

Name of new FRC agency: _____

Effective Date: _____

I understand that I can receive Family Resource Coordination from one agency only and therefore will enter into this agreement with one agency only. I also understand that the agreement applies only to Family Resource Coordination and NOT to other services.

I have the right to change the agency from which I receive Family Resource Coordination at any time.

I understand that I have the right to receive FRC services from an independent FRC through the Community Health Access Program (CHAP) at 1-800-756-5437.

Signature: _____ Date signed: _____