King County

Consent For Family Resources Coordination (FRC) Services

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

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

I understand that I have the right to change the agency from which I receive FRC services 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.

I, _____ consent to receive Family Resource Coordination
(name of parent – PLEASE PRINT)

(FRC) services from _____ effective _____.
(name of agency) (Date)

Signature: _____ Date signed: _____