People Inc.
Prevention Group
Consent for Services/Service Plan
Participation Agreement

Name: _____ DOB: _____ Race: _____

Parent's Name: _____ Phone Number: _____

Reason: _____Prevention Programming_____

Presenting Problem:

The participant will receive the _____ Prevention Group by People Inc. to obtain knowledge for daily living through People Inc. Youth & Family Services.

Service Goals:

The participant will receive information on the following:

☐	Techniques and importance of **Self-Esteem**.
☐	Ways to use **Decision Making** in everyday life.
☐	**Anger Management** in school, at home, and in difficult situations.
☐	Understanding **Relationships** with family and friends and how to improve them.
☐	**Coping skills** in conflicting, grieving, and uncomfortable situations.
☐	Appropriate **Communication Skills and Age appropriate Manners**.
☐	Using appropriate **Social Skills** and teamwork.
☐	Recognizing **Emotions** and expressing **Feelings** appropriately.
☐	Drug Prevention
☐	**Group Discussion**

Consumer Participation Agreement:

I acknowledge that I have been informed of my rights and have been given a summary of those rights under federal and state confidentiality regulations, and I authorize People Inc. and the above named entity to release confidential information for the purpose of program audit, evaluation, and securing payment for services.

I have consented to receive services, and/or authorize services for my child, in the Central Prevention Group. I have read the above service plan which is established to address the identified problem(s), and I agree to participate in the Central Prevention Group. This consent will expire one year from the date of signature.

_____ _____
Participant Signature Date

_____ _____
Parent/Guardian Signature Date

_____ _____
Clinician Signature Date