**INDEPENDENT LIVING SERVICES CONSENT FORM**

I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_, have been informed

that the Independent Living (IL) Program at to: Choose an item. is contracted by the Department of Services for Children, Youth and Their Families, Division of Family Services (DFS). I understand that the IL Program will be required to provide written and verbal reports regarding my participation in the IL Program and my compliance with the IL Services on my IL Case Plan to: DFS, other IL contracted providers, and other community entities. The sharing of such information is needed to best support my IL Case Plan. My Consent or Waiver is indicated by the below checked box.

**Consent for IL Services**

[ ] I agree to receive IL Services from the above IL Program and I give approval for information regarding my participation with the IL Services and the IL Program to be shared, as described above. I understand the following terms apply to this consent:

1. If I am a Family Court Extended Jurisdiction participant, pursuant to 16 *Del.C.* §929, the above IL program and DFS may also exchange information regarding my involvement with the IL Program and IL Services with: the Department of Justice (DOJ), the Family Court, my Child Attorney, and my Court Appointed Special Advocate (CASA). This additional exchange of information may continue until my participation with Family Court Extended Jurisdiction ends, either by a Family Court Order or automatically on my 21st birthday.
2. I can withdraw this consent for IL Services, in writing, at any time. However, I understand that my withdrawal will not apply to information that has already been released based on this consent.
3. If I do not withdraw this consent for IL Services, it shall remain valid until my enrollment in the IL Program terminates automatically on my 23rd birthday, or sooner due to non-compliance with the IL Program.

I hereby release the above IL Program and DFS from any and all claims, demands, causes of action or the like, whether tangible or intangible, arising, or to arise from, the release of any information shared pursuant to the above consent.

Click or tap here to enter text. Click or tap to enter a date.

**Participant Signature Date**

Click or tap here to enter text. Click or tap to enter a date.

**Agency Representative Signature Date**

**Waiver of IL Services**

[ ]  I am not willing to allow information regarding my participation in the IL Program to be shared, as described above. I understand that by not giving my consent, I will not be able to enroll in the IL Program or receive IL Services. I understand that if I change my mind at any time, I may enroll in the IL Program and receive IL services until the day before my 23rd birthday.

Click or tap here to enter text.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Non-Participant Signature Date**

Click or tap here to enter text. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Agency Representative Signature Date**