

CONSENT FOR SERVICES

The undersigned individual or responsible adult, consents and authorize services by:

D.O.O.R.S Reentry Center

Name of Facility/Program

These services may include but are not limited to rehabilitation services, psychological screening/counseling, case management, housing support, legal aid, education and other appropriate services. While these services may be initiated at **3965 Vermont Avenue, Los Angeles, CA 90037**, services may be provided by various providers within Los Angeles County as coordinated by specific DOORS providers.

The undersigned understands;

- He/she has a right to be informed of and participate in the selection of any of the above services provided.
- All services are voluntary, and he/she has the right to withdraw this consent at any time.
- Any information disclosed to staff which is determined by them to be important to coordinating services and care
- All client names are entered into a computer-based Information System that identifies the services that are being provided and the service provider that is/are providing services to the client.

Print Client Name

Signature of Client

Date

Parent/Legal Guardian

Relationship to Client

Date

Signature of Witness/Interpreter

Date

This Consent was interpreted in _____ for the client and/or responsible adult.

If a translated version of this Consent was signed by the client and/or responsible adult, the translated version must be attached to the English version

Signator was given declined a copy of this Consent on _____ by _____
Date Initials