Attachment 5

Sample Consent Form

to assess the effectiven	ess of treatment services received by you You and/or your child's	ı (and/or your children)
encouraged but comple activity is approximate	etely voluntary. The expected duration of ly fourteen months. You and/or your chi a collection activity at any time without o	ld have the right to stop
some questions are of a minimize this risk, pred asked in Substance Ab	g in this data collection is seen as minimal sensitive nature, you or your child may cautions have been taken to select questicuse treatment programs. In the event young any of these questions, there will be caupport services.	feel uncomfortable. To ons that are frequently or your child become
If you have any question	ons regarding this data collection activity,	, please contact
Name/Title/Address/Ph	none Number	
By signing below, I am this data collection acti	n voluntarily agreeing to have myself and vity.	or my child participate in
Name (Print Name)	Signature of Child	Date
Name (Print Name) Sig	gnature of Parent, Guardian or Authorized Rep. w	hen required Date