

Family Name: _____

Care Coordinator: _____

Date: _____



**C.A.R.E.S. Program Strengths & Cultural Discovery (SCD)
Release of Information**

I understand that the purpose of the SCD is to assist my family in developing a plan to address the needs for which my family is currently receiving supportive services from The House Next Door. I understand that to properly address these issues, my family's social, educational, emotional, behavioral, medical, and other needs must be discussed.

Parent/Legal Guardian Signature

Date

Parent/Legal Guardian Signature

Date

By checking the box I acknowledge that I have read, understand and I am consenting to this form.

Statement of Confidentiality

I therefore authorize the following individuals to discuss and exchange information with The House Next Door for the purpose of the Strengths & Cultural Discovery.

Team Members

Date: _____

	<i>Name</i>	<i>Relationship to Family</i>	<i>Phone</i>	<i>Email Address</i>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____