

MAAC PACT Program
Informed Consent



Name of Youth: _____

Youth ID #: _____

Dear Guardian,

MAAC PACT is a process for young people in need of additional support for stability who might benefit from individualized care coordination and support. As part of that process, a team will work together with you and the young person to develop a plan of individual supports and strategies for success and stability.

You have participated in many meetings on behalf of this young person. MAAC PACT is different because it is focused on: *improving relationships among youth, families, community providers and DFCS Partners; decreasing stays in higher level placements; effectively moving youth to permanent living situations; and increasing sustainable connections.* The PACT program is voluntary, and a cornerstone of this process is that the young person is the major stakeholder in decision-making. You may withdraw from the program at any point, for any reason.

Team members for the MAAC PACT Program can include teachers, therapists, family members, or other people who are important to this young person. You and the young person make the decision about who is on the team. To begin the process, a MAAC Staff person will work with you to find out more information about your needs

Time Involvement

- Initial meeting and interview with a Youth and Family Coordinator (YFC) from MAAC
- Monthly meetings with the Youth Centered Team, which will be scheduled by you and the YFC to be convenient for all. Meetings only take place with youth involvement.

Consent Rights: If you have read this form and decided to participate in this process, please understand that your participation is voluntary and you have the right to withdraw your consent or discontinue participation at any time. You have been informed that information concerning your youth's treatment will be submitted to Amerigroup for the compilation of statistical information, as well as to provide additional health-related resources.

I give my consent to services for _____ to receive support through the MAAC PACT Program.

I DO NOT give my consent to services for _____ to receive support through the MAAC PACT Program.

Signature of Guardian

Date

Follow-up Contact Consent

I consent to agency staff contacting me within 90 days of the termination of this period of service, in order to collect information on the outcomes of that service.

I do NOT consent for follow-up contact

Signature of Guardian

Date