

**Driving With Care (DWC): Consent for Class**

Name of Client: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* By signing this consent for class, I am attesting to the following:
* The nature, purpose, and length of the class were explained to me, and I consented to the DWC class.
* I understand that there is no guarantee or assurance given to me by anyone regarding the results of the class.
* I received a copy of the Informed Consent for Class, and I had the opportunity to ask questions.
* I have also been informed of Telehealth and I give my consent to participate in Telehealth if I am unable to do face-to-face sessions.
* I permit Aspire Network to provide updates to the probation department or referring agency.

Signature of Client: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_