**Hinge Point Youth Homes**

**Consent for Treatment**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, consent to allow Hinge Point Youth Homes to provide housing, supervision, daily living supports and any other necessary items to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a child in my legal care. I also acknowledge that Hinge Point will, as necessary, assist in helping the child in my legal care access community services, activities, events and other items as determined beneficial for the child.

I understand that Hinge Point is a residential treatment facility, not a medical, psychiatric, or criminal facility. Hinge Point’s main operation is to provide a stable and safe housing alternative to the child’s natural home. I understand that in the event that the child can no longer be safely maintained in the home provided by Hinge Point, the child will either need to be returned home or moved to a different facility or program within a reasonable amount of time.

I also acknowledge that therapeutic approaches will be used in the home. These approaches will be overseen by a licensed mental health and/or behavioral health clinician. Although these approaches are not guaranteed to create change in the child’s behavior, there is evidence to support that they do have positive impacts in the general population. Individual results may vary.

Restraints will always be the last resort and only used if the client is an immediate threat to himself and others. Restraints will only occur with the permission of the client's designee and if there is no medical reason that could put the client at increased risk of harm during a restraint. The client will be monitored at all times and released as soon as the threat has passed.

Finally, I consent to allowing Hinge Point Youth Homes to complete assessments, provide treatment and programming specific to the child’s needs. I will be supportive of their care and will join with the treatment team to plan out the treatment plan and interventions to be provided. If at any time I disagree with their treatment and programming plans, I have the right to terminate services with Hinge Point and remove the child from the facility. I also recognize that the best way to help a child succeed in an out of home placement is through positive encouragement.

This consent does not attempt to cover all necessary elements of providing housing or programming. I recognize that there are inherent “unknowns” which will be addressed on a case by case basis. Hinge Point will do its best to ensure the safety of each child in the home, however, there is always an inherent level of acceptable risk in any situation. Each party will be responsible only for liabilities associated with the conduct of its officials, employees, and agents.

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

