



PHOTO CONSENT AUTHORIZATION

_____ currently resides in a home based community residential setting operated by
Member
Family Touch LLC. I hereby give authorization to _____, the residential service
CDH/ADH/Respite Provider(s)
provider(s) to take photographs and/or video recordings of _____ for the
Member
following reasons:

- Yes No For the purpose of having pictures within the ADH/CDH home as a record of living with them;
- Yes No For identification purposes within their confidential file;
- Yes No For use on Social Media (Facebook, Twitter, Instagram) for the purpose of sharing family activities and community involvement with
- Yes No For use within a Family Touch Newsletter. In the future Family touch may decide to distribute a monthly newsletter dedicated to members, the families we serve and their loved ones. This newsletter would be distributed to Parents, Guardians, Case Managers, Support Coordinators and Family Touch employees.

Please send me a copy of this newsletter

Name: _____

Address: _____

Yes No Family Touch Website & Promotional Materials

Comments: _____

Signature of Individual

Date

Signature of Guardian, if Applicable

Date