



ABYTTAG Resource Center

ABYTTAG Participant and/or Guardian Consent Form:

Client Participant Name: _____ **Date of Birth:** ____/____/____

Guardian Name: _____ **Relation to client:** _____

Contact Phone Number: _____ **Alternate Phone Number:** _____

ABYTTAG Resource Center Mission:

To promote a coordinated effort focused on health and safety for our clients and families, using evidence-based practices of prevention and intervention. Our vision is to keep our community safe and our youth focused on a positive strong future. A Better You Team (ABYTTAG) offers clients and their families a one-stop program available to assist in accessing a variety of service providers in our network of grant and community-based partners. Our partnerships includes a team of mental health professionals, social service agencies, parent education programs, law enforcement probation/resource officers, youth leadership & development programs, local educators & school-based programs, ABYTTAG Program Coordinator, ABYTTAG Activities Coordinator and more

ABYTTAG Grant Partner Services available:

- Youth leadership & development volunteer program
- Youth drug & alcohol intervention services
- Individual, family and group therapy
- Mentoring & tutoring programs
- Life skills supportive services
- Parent education courses (ages 0-12)
- Family strengthening classes (ages 12+)
- Mo. Co. Probation Officers & School Resource Officers
- Additional available services throughout our community & county*

Other supportive services can also be accessed on a need-basis through our network of community-based resources, services at community-based sites will vary from agency to agency

About your consent:

By signing below, you agree that:

- The individuals & organizations working at or with the ABYTTAG may share information with each other about you and your family.
- During the ABYTTAG Intake Assessment, you will be asked about your family dynamics, strengths, challenges, the ABYTTAG Assessment also documents information if any of the following apply: history of trauma, exposure to alcohol/drug abuse, & domestic violence as well as other information about your family history; this will help the ABYTTAG staff assess the greatest need(s) for supportive services available through our partnerships and network.

ABYTTAG Consent Form

The ABYTTAG provides our clients and their families access to services and opportunities for them to thrive and be successful.

- ABYTTAG may ask you to update this information periodically during your involvement with our programs services.

All information provided during ABYTTAG Intake Assessment & on-going case management is protected by our Client Privacy & Confidentiality Policy. Your personal information will not be revealed to any person, agency or entity outside of our ABYTTAG network team without your prior written consent, unless such incidents arise where mandatory reporters must, by law, share that privileged information.

- You also agree that information may continue to be collected about the youth participant for one (1) year after participation at the ABYTTAG ends, for the purpose of evaluating program services & outcomes.

This information shall be limited to:

1. School attendance and the number of school office discipline referrals
2. Involvement in the Juvenile Justice system, including individual arrest data from law enforcement, probation violations and referrals to the Probation Department.

All of this privileged information will be kept confidential, all information is reported in group form, therefore, data will never reveal any client/family names, and all information will be stored and secured in locked/password-protected files.

Voluntary participation/withdrawal:

Your participation in the ABYTTAG activities and the sharing of information is voluntary. If you agree to participate you can stop your participation at any time. With the exception of the collection of school and juvenile justice records information for one (1) year after ABYTTAG participation ends, permission to share information will end when your participation ends.

Consent Signature:

I have read this consent form, or it has been read to me. Anything I did not understand was explained to me, and all questions have been answered to my satisfaction. I understand I have the right to receive a copy of the signed and dated consent form upon my request.

☐ If client is 18 years of age or older, client please sign below:

I agree to participate in ABYTTAG activities/services: _____ Date: _____

☐ If client is under 18 years of age, guardian/participant please initial & sign below: I agree

to allow my child to participate in ABYTTAG activities/services: _____ (Guardian initials)

Signature of Participant: _____ Date: _____

Signature of Guardian: _____ Date: _____

ABYTTAG Staff Name: _____ Staff initial: _____ Date: _____