



## Application for Coordinated Services

In order to provide services, the Systems of Care (SOC) representatives will be working together as a team and may need to share information about your child with each other. The SOC requires your written permission to have your child referred and to share information across agencies.

Child/Adolescent \_\_\_\_\_ Parent/Guardian \_\_\_\_\_

Name of Referring Agency: \_\_\_\_\_ Date: \_\_\_\_\_

**CONTACT INSTRUCTIONS:**

The best time to call is \_\_\_\_\_. My phone number is \_\_\_\_\_  
 \_\_\_\_\_ Please add me to your email and/or mailing list so I can receive information on local classes support groups and other activities.

My email address is: \_\_\_\_\_

My mailing address is: \_\_\_\_\_

Print full legal name & list all family members that are to be covered with this release:

Date of Birth	School /Work Location	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Our family would like help with:

- \_\_\_\_\_ **finding information** (printed materials, DVD, websites etc)
- \_\_\_\_\_ connecting with **local resources**, services, programs, and agencies
- \_\_\_\_\_ connecting with appropriate **support group(s)**
- \_\_\_\_\_ **funding issues** (i.e. insurance, Medicaid, SSI, and/or other financial assistance programs.
- \_\_\_\_\_ **ADVOCACY** School/IEP \_\_\_\_\_ Court \_\_\_\_\_ DCFS \_\_\_\_\_
- \_\_\_\_\_ **WRAPAROUND PLANNING** (a process of identifying formal and informal supports for your child/family within your community)
- \_\_\_\_\_ Other \_\_\_\_\_

**CONFIDENTIALITY:**

► I understand that information about my family is protected and considered confidential, subject to certain exceptions, because my and our family's privacy is valued and respected.  
► I understand that the information will be shared for the purpose of providing a variety of coordinated services to my family, and that representatives from public and private agencies may work together as a team.  
► I further understand that my family's records are protected under State and Federal regulations, as well as professional codes of ethics governing confidentiality, and cannot be released without my written consent unless otherwise provided for in the State and Federal regulations.

**CONSENT:**

I recognize that disclosure of certain information from my child's records is protected by Federal Law (20 USC 1232(g)). This release is authorized pursuant to the Family Educational Rights and Privacy Act (FERPA). I authorize the release of information from my child's student records to the agencies listed below.

**RECORDS TO BE RELEASED:**

I understand that the records to be released to the following parties include: attendance, grades, transcripts, behavioral issues, and test data. The following agencies/programs may be utilized to find solutions and options (may include other organizations/agencies as applicable and permitted by state and federal laws):

**UTAH**

Department of Workforce Services  
Division of Child & Family Services  
San Juan School District  
Division of Services For People with Disabilities  
Division of Juvenile Justice Services

Juvenile Court  
San Juan Counseling  
Family Resource Facilitator  
Local Law Enforcement  
Other: \_\_\_\_\_  
\_\_\_\_\_

**NAVAJO NATION**

Social Services  
Utah Navajo Health Services

**UTE MOUNTAIN UTE**

Social Services  
Truancy  
White Mesa Education  
Youth Opportunity

By agreeing to the release of my child's records to the agencies marked on this form, I understand that this consent will expire **one year from today's date**, unless I revoke consent before that time. I understand that I can revoke this consent at any time.

**RELEASE OF INFORMATION:**

I give permission to release information needed to meet the service needs of my child(ren) and/or family. My signature reflects my concurrence with both pages 1 & 2.

\_\_\_\_\_  
**Parent/Guardian Signature**                      **Relationship**                      **Date**

\_\_\_\_\_  
**Witness Signature**                      **Agency**                      **Date**

I hereby withdraw and revoke my voluntary participation, consent for coordinated services and release of information for my children.  
\_\_\_\_\_  
**Parent/Guardian Signature**                      **Date**                      **Witness/Agency**