

Better Together Mesa

Case Manager Intake Packet

YOUTH NAME: _____ **PARTICIPANT ID#:** _____

PROGRAM: Independent Living and Social Skills Training

My initials below represent my consent to Better Together Mesa to exercise the following responsibilities or activities for (Youth Name): _____.

- _____ (Initials) **CONSENT FOR SPORTS:** To participate in Sports or Strenuous Activities.
- _____ (Initials) **CONSENT FOR MEDICAL TREATMENT:** To provide Emergency Dental or Medical Care prescribed by a duly licensed Physician (MD) or Dentist (DDS). This care maybe under whatever conditions are necessary to preserve the Life time or well-being of my dependent.

The above child has the following Medication Allergies: _____

- _____ (Initials) **CONSENT TO TRANSPORT:** I consent the youth to be transported by *Better Together Mesa* and its component programs using the company vehicles or the staff's personal vehicles.
- _____ (Initials) **YOUTH GRIEVANCE:** I understand that Youth's and their parents or guardians have the right to file a grievance of dissatisfaction with care, treatment or other services they receive from *Better Together Mesa*. I understand that staff shall not discriminate in any way against any youth or anyone who has participated in an investigative process. I acknowledge receipt of the *Better Together Mesas* Policy and Procedures for Youth's Grievances. I have read the document and staff have answered my questions about its contents. I understand the document and agree to its terms and conditions.
- _____ (Initials) Better Together Mesa uses creative arts as a part of our youth building program. I understand that the Youth listed above may be exposed to music development seminars or sessions, video filming sets for teaching directing/producing skills in the film industry, and photography lessons to teach the basic and advanced concepts of digital photography. Through the teachings of all three creative art methods, I understand that the youth may be recorded with video, audio devices, or photography for the purpose of teaching creative arts. Such videos and photography may be used within the company for morale building and use on the company website.

If denied, please state reason for denial:

Youth's Signature

Date

By signing this form, you agree that you are the legal guardian of the listed youth and you give consent to the terms listed above in this document.

Case Manager Signature

Date

Case Manager Printed Name

Case Manager Phone