**ACKNOWLEDGEMENT AND CONSENT FORM**



*Partnering with Families today to help Foster growth and success for tomorrow.*

I acknowledge that I received a copy with a verbal explanation and that I understand Families First Counseling Services of Iowa’s policies regarding: •Notice of Privacy Practice •Client Rights and Responsibilities •Client Grievance and Appeals Procedure •Behavior Support and Management.

Kinship Caregiver Signature Date

Kinship Caregiver Signature Date

Witness Date

**CONSENT FOR SERVICES**

I hereby acknowledge that I am willing and without coercion to participate in the Kinship Navigator Program providing: • Emotional Support •Information and Referrals • Legal Assistance • Case Management • Parenting Education •Concrete Goods and other services as mutually determined by the professional staff at Families First Counseling Services and myself.

Kinship Caregiver Name(s) (Please Print) Date

Kinship Caregiver Signature Date

Kinship Caregiver Signature Date

Witness Signature Date