

## Connect Nevada: Strengthening Youth, Empowering Families Freedom of Choice Consent Form

<b>Section I: Child/Youth's Information</b>				
Child/Youth's Name:			Date of Birth:	
Physical Address:			City:	
State:		Zip Code:		Phone Number:
Last 4 Digits of Social Security Number:				
Child/Youth Currently Resides in: (Check one)	<input type="checkbox"/> Family Home	<input type="checkbox"/> Group Home	<input type="checkbox"/> Psychiatric Hospital	<input type="checkbox"/> Other Residence:
	<input type="checkbox"/> Juvenile Justice	<input type="checkbox"/> Shelter	<input type="checkbox"/> Psychiatric Residential Treatment Facility	
	<input type="checkbox"/> Foster Care			
<b>Section II: Enrollment Consent</b>				
I understand that I have a choice in accepting services and these services have been explained to me.				
I would like to receive (Choose One): <input type="checkbox"/> Intensive Care Coordination (ICC) <input type="checkbox"/> High Fidelity Wraparound (HFW) <input type="checkbox"/> Targeted Care Management (TCM)				
<b>Initials of Child/Youth/Parent/Legal Guardian/Custodian:</b>				<b>Date:</b>
<b>Section III: Child/Youth's Rights &amp; Reporting</b>				
1) My Care Coordinator helped me know what services are available to me and provided material for my review.				
2) My Care Coordinator gave me a copy of the Child/Youth Member Handbook, which includes important information such as my rights and responsibilities, how to find providers, and how to file an appeal or grievance.				
3) My Care Coordinator helped me know how to report suspected abuse, neglect, extortion, exploitation, and death of adults and children and my right to be free from restraints, seclusion, and harm, and provided material for my review.				
<b>Print Name Child/Youth/Parent/Legal Guardian/Custodian:</b>				<b>Date:</b>
<b>Signature of Child/Youth/Parent/Legal Guardian/Custodian:</b>				
<b>Relationship to the Child/Youth:</b>				
<b>Mail, Email, or Fax this Consent Form to either:</b>				
Attn: Magellan of Nevada Care Management Department P.O. Box 95994, Las Vegas, NV 89193-5994 Email: ConnectNV@Magellanhealth.com			Attn: Magellan of Nevada Appeals & Grievances Department P.O. Box 34028, Reno, NV 89533 Email: NevadaAppealsGrievances@Magellanhealth.com Fax: 1-888-656-5426	