



**DEAFBLIND CENTRAL: MICHIGAN'S TRAINING & RESOURCE PROJECT**

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**FAMILY CONSENT FOR SERVICES**

*State deaf-blind projects have permission to adapt this tool for use by their own projects. Please include appropriate citation information. For example, "Adapted with permission from [document name, state deaf-blind project name, date (if available)]."*

I authorize DB Central to provide services for my child's team for one year from the date of this signed form.

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Consultative and training services are available year round to help address the child's learning and/or family support needs. I understand that services are free and provided upon request.

Strict confidentiality will be respected at all times, unless permission to exchange information with an identified person and/or organization is granted.

**CONSENT TO SHARE INFORMATION WITH OTHER ORGANIZATIONS**

The following agencies provide services to individuals who are DeafBlind and their families. **Please mark the box beside each agency to which you authorize DB Central to exchange information and video footage.**

Child's school (*insert name*): \_\_\_\_\_

*Teacher:* \_\_\_\_\_ *Telephone:* \_\_\_\_\_

Community Mental Health/Contract Agency

*Case Worker:* \_\_\_\_\_ *Telephone:* \_\_\_\_\_

Bureau of Services for Blind Persons/ DB Unit (800-292-4200)

Helen Keller National Center (516-944-8900) and/or regional representative

Other (Insert Name): \_\_\_\_\_

I understand that consultation services with DB Central may include the use of video footage, photos, and/or real-time observation either onsite or via webcam. All video footage will be destroyed or returned following the consultation process. This form serves as a consent for services and a limited photo/video release.

This consent is valid for one year from date of signature, but may be revoked at anytime.

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

*Parent/Guardian Name (Printed):* \_\_\_\_\_ *Telephone:* \_\_\_\_\_

*Address (Street, City, & Zip):* \_\_\_\_\_

*I prefer to be contacted via: Phone:* \_\_\_\_\_ *Email:* \_\_\_\_\_ *Either:* \_\_\_\_\_ *Email address:* \_\_\_\_\_