

Oklahoma Department of Mental Health and Substance Abuse Services
Health Home Consent for Treatment of Child

Name of Consumer:					
Record #:		Date of Birth:		Social Security #:	

Your child is eligible to receive Health Home services at _____. These services will help your child become healthier, live longer, and manage any chronic illnesses he or she may have. The Comprehensive Care Plan will include both mental health and physical health goals. Your child will receive intensive care coordination and care management, help with transitioning in and out of any different levels of care that might be needed, and referrals and linkages with community support. Your child will still receive some current services as well. Some services might change if they are being received somewhere else (for instance, case management). There may be more than one Health Home in your area, and if so, you have a choice available.

By signing this form you are saying that you have read this Consent and understand it, and that you agree for your child to participate in _____

Health Home Program.

If, at a later time, you decide you no longer want your child to participate in Health Home, you may withdraw at that time. If, at a later time, you decide you want to switch your child to a different Health Home, you may do so, if there is another in your service area.
