Intellectual/Developmental Disability and Severe Challenging Behavior Consultation Parent or Guardian Informed Consent Form

Children's System of Care (CSOC) works with several agencies to provide consultation. Autism New Jersey and The Boggs Center on Disability and Human Development help Care Management Organization (CMO), Mobile Response and Stabilization Services (MRSS), and Family Support Organization (FSO) staff. They give recommendations to help families with youth with complex needs.

Your child may benefit from this. Experts at these two agencies can help the CSOC staff working with you and your family to support your child's complex needs.

Being part of this program means that:

- ✓ Basic information about your child will be shared with a few people at CSOC, Autism New Jersey, and
 The Boggs Center on Disability and Human Development. This will not include any identifying private
 information like your child's name, date of birth, or where they live. This general information will be shared
 with these agencies on a HIPAA-protected online form.
- ✓ Based on the information provided, either Autism New Jersey or The Boggs Center on Disability and Human Development will be the lead agency to provide consultation. Sometimes, both agencies will be involved.
- ✓ More information will be shared with experts at the lead agency. This information will have identifying private information, but it will only be shared with people who are providing consultation. This information (which might be things like evaluations, IEPs, and behavior plans) will be shared by a protected link.
- ✓ The experts at the agency(s) who provide your child's consultation may attend meetings and phone calls regarding your child. Their suggestions will be shared with you.

| ☐ The Boggs Center on Disability and Human Development only |
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| ☐ Autism New Jersey only☐ The Boggs Center on Disability and Human Development only |
| ☐ Both Autism New Jersey and The Boggs Center on Disability and Human Development |
| If my child is found to be appropriate for consultation, I consent to have the following agencies get additional information and provide technical assistance (please check one): |
| I consent to allowing both agencies to review the general information referral form (initials) |

Please note that you may end your consent to have your child involved in this consultation at any time.