

Welcome

to the Family Support Center.

435-636-3739 ext.1



Our mission is to strengthen Utah families one community at a time by supporting parents, protecting children, and preserving families. We do this by providing Crisis and Respite care to help build spouse/partner relationships. We also provide access to additional services in our community. To find out more about our events and happenings at the Family Support Center, be sure to follow us on Instagram and like us on Facebook .



Carbon County Family Support Center

80 S. Fairgrounds Rd.
Price, UT 84501



Dear Parents,

Welcome to the Carbon County Family Support Center. We are glad to be given the opportunity to serve you and your children. We hope your experience is positive and that you feel you can turn to us for support.

In your packet you will find the nursery rules and policies for utilizing the center. Please take the time to read over the expectations and ask questions if you do not understand. It's very important that we know what your needs are and the reasons for using the crisis nursery. Because we are limited to eight children at one time we need to prioritize the reasons for using the center. A family may be having a medical crisis while another family is using the center to run errands. The family having a medical crisis has a higher priority and would have to bump the other family (this only happens when the nursery is full). Please inform nursery staff your need for the nursery. Remember, it's very appropriate to use the center for self-care purposes or if you just have to go grocery shopping. We understand that adults need to take care of their selves too!

Thank you,
Shelley L. Wright, Director
Carbon County Family Support Center
80 S Fairgrounds Road, Price, UT 84501
PHONE: 435-636-3735 ext. 5
FAX: 435-637-8492

"Where Small Voices Are Heard"

Welcome! We are so excited to serve you, please read over the following and ask any questions you may have.

General Rules & Priority Levels

1. A legal guardian/caregiver's must be the one to fill out the paper work
2. We will take a photo copy of your current ID
3. If someone else will be picking up the child/children the following must apply:
 - A. You need to let us know in advance who will be dropping off/picking up the child/children.
 - B. Their names must be on the drop off/pick up form.
 - C. This person will need to present a picture ID in order for us to release the child/children into their custody.
4. You will lose your spot if you are 20 minutes late. Unless you have made other arrangements with the Nursery. You need to bring the child/children in at the time they are scheduled. Late arrivals may be considered NO SHOWS and bumped from the schedule. If you need more time call and get permission. We are not able to take children if you are going out of state.
5. The center will not accept sick children, if your child is sick please make other arrangements for them.

Priority Levels:

Priority I: Any type of family crisis (domestic violence, medical, risk to the child, and shelter placement.)

Priority II: Schedule appointments (Medical, dental, therapy, and court.)

Priority III: Routine breaks (grocery shopping, house cleaning, exercising, and personal care.)

Please be sure to call to schedule your need for respite care 24 hours in advance for priority II and III. There may be times when we can't schedule you in, but we will do our best to try and accommodate you and your family.

Caregiver's/ Legal Guardian Responsibilities are as follows:

1. Please do not send your child/children with candy, treats and outside food.
2. Please do not bring in toys, stuffed animals, etc. the Nursery is not responsible for lost or broken toys.
3. Dress according to the weather: coats, hats, boot, etc.

4. Bring in the items that your child/children use or need (diapers, formula, and special dietary needs.)
5. We will need extra clothing if potty training or playing in the water.
6. Let Nursery staffs know if your child/children need breakfast, snack, etc.
7. All out of town appointments will require a time stamped Dr.'s note.
8. If the nursery has not heard from a parent or caregiver within two hours of pick-up time then nursery staff will be instructed by the Director to notify Child Protective Services (CPS). The center will follow these steps prior to notifying CPS.
9. Nursery staff will make every attempt to contact the custodial parents or caregiver after 20 minutes.
10. If no contact with caregiver with-in 30 minutes then nursery staff will make every attempt to contact the emergency contact person.
11. After one hour of no success then nursery staff will repeat steps 1 & 2 for the next hour.
12. After two hours of no success the nursery staff will be instructed by the Director to contact Child Protective Services.
13. Contact attempts will be documented.

CHILD/CHILDREN STAYING OVERNIGHT:

Please bring in the items that your child/children use or need for overnight care. We have 3 bedrooms; a girl's room with 4 beds, a boy's room with 4 beds, and a nursery with 2 cribs and a toddler bed.

STAFF SLEEPING POLICY:

Circumstances may arise where staff(s) is required to remain awake through the night, otherwise staff(s) will sleep within hearing distance of all children and monitors.

REPORT OF CHILD ABUSE: Center staff is obligated by statute to report any signs or disclosure of child abuse to the Department of Human Services and or the local Law Enforcement Agency. Failure of center staff to report concerns of child abuse and or neglect results in a Class B Misdemeanor.

Parents/caregivers, it is extremely important that you respect and follow the nursery policy. The center retains its license so long as we continue to be in compliance with state and federal guidelines. Any time nursery policy is not followed the center becomes delinquent of the state and federal guidelines.

Program Eligibility and Limitations

The Crisis/Respite Nursery Program offers services to caretakers for various reasons and needs. Our program will provide care to all children between the ages of birth to 11 years. This includes, children with disabilities, limited English, and all faiths and ethnic backgrounds. In addition, our program ensures that all children will be safe; free from abuse, neglect, and any other risk of harm, from staff and other children.

Eligibility Requirements:

- Children between the ages of birth to 11 years.
- Crisis; medical emergency, domestic violence, risk of harm to children, caretaker's mental health emergency, death in the family, or work-related emergency per director discretion.
- Respite Care; scheduled break, caretaker burnout, medical appointments, court obligations, job searching/job interviews, personal care, appointments related to other children, illness in the family, funeral obligations, grocery shopping, and house cleaning.

Limitations:

- Own child is a safety risk to other children
- Child has a communicable disease
- Children are sexually reactive
- Medical disability outside of the staff's competency
- Center is at capacity
- Center is short-staffed

CUSTOMER RIGHTS

Clients and their families will:

1. Have the right to confidentiality of information and privacy of both current and closed records.
2. Have the right to know the cause of termination or denial of services from the Family Support Center and the criteria for re-admission to service.
3. Be free from potential harm or acts of violence while using the center
4. Have the right to be free from discrimination.
5. Have the right to be treated with dignity.
6. Have the right to grievance and complaint procedures.
7. Have the right to information of any service fees or costs when applicable.
8. Know the rights of non-smokers and smokers shall comply with the Utah Clean Air Act.

APPEALS OF SERVICES

The Center reserves the right to refuse services to parents who have been uncooperative, abusive and negligent in dealing with the staff and center policies.

If a client is denied services or is unsatisfied with the services they received and would like to appeal the decision, the following process shall be followed:

- A. Within five (5) days after services, or denial of services submit in writing the details of the grievances to the center director and county commissioner.
- B. The director and county commissioner will meet on such grievances and respond in writing to the client within five (5) days.
- C. The client may contact the division of Family Services contract monitor at (435)-636-2360.
This must be submitted in writing and the Division of Family Services shall respond as they deem necessary.

The Family Support Center Sick Policy

When cold and flu season is here, we want to keep the staff, families and children using the nursery healthy. It is important that you follow our sick policy. Thank you in advance for your cooperation and consideration.

REMINDER: If you bring an ill child in we will ask you to take your child with you or if your Child becomes ill while at the center you will get a call to come pick up your child.

1. **FEVER:** if your child's temperature is 101 degrees or higher keep your child at home. A child must maintain a normal temperature of 98.6 degrees for at least 24 hrs before returning to the nursery.
2. **INFLUENZA (FLU):** It is the season for the flu! If your child catches it, keep your child at home until symptoms are gone- **high fever, chills, body aches, congestion, sore throat, diarrhea and vomiting.**
3. **DIARRHEA:** Any episode of watery diarrhea warrants a sick day. Keep your child at home for as long as it takes for the diarrhea to go away.
4. **NAUSEA/VOMITING:** If your child vomits only once and has no other symptoms your child is probably okay to use the Nursery. If your child has vomited several times and has a **fever, rash,** or **diarrhea** your child cannot use the Nursery.
5. **BRONCHITIS AND/ OR CROUP:** They may occur together, but more often separately. This begins with hoarseness, cough and a slight temperature. The cough may be dry and painful, but it gradually may become productive. In croup there is a loud noise as the child breathes in and there may be increasing difficulty with breathing.
6. **CONJUNCTIVITIS (PINK EYE):** The eye is generally red with thick yellow drainage being excreted. Your child cannot return to the Nursery until the drainage has stopped or 24 hrs after prescribed treatment has begun or when a physician gives permission.
7. **CHICKEN POX, MEASLES, MUMPS, ROSEOLA, SCABIES, HEAD LICE, OR RASHES SUCH AS IMPETIGO:** With contagious diseases a child must be kept home. **REMAIN AT HOME UNTIL TREATMENT HAS TAKEN EFFECT OR WHEN A PHYSICIAN GIVES YOU PERMISSION.**
8. **SORE THROAT/EAR INFECTION:** If a physician diagnoses an ear or throat infection **STREP, TONSILLITIS OR EAR INFECTION** and places the child on antibiotics, the child cannot return to the Nursery until 24 hrs after antibiotics have started.
9. **COVID-19:** Fever or chills, nasal congestion or runny nose, cough, sore throat, shortness of breath or difficulty breathing, fatigue, headache, muscle aches or body aches, nausea or vomiting, diarrhea, poor feeding or poor appetite, new loss of taste or smell, belly pain. With contagious diseases a child must be kept home. **REMAIN AT HOME UNTIL QUARANTINE IS OVER AND THE HEALTH DEPARTMENT GIVES YOU PERMISSION.**

If a child seems sick without obvious symptoms a child may look and act differently. There may be unusual paleness, irritability, unusual tiredness, or lack of interest. Keep your child at home.

Family Support Business Hours

Open Monday-Friday 8am to 6pm

Saturday, Sunday, and all holidays open for Crisis Care only

Crisis Care Hours are 24/7. This includes Sundays, Holidays, and anything after normal business hours. Please make note on the following days the Family Support Center will be closed in observance of the holiday. If one of these holidays falls on a Saturday, then the Friday before will be considered the holiday. If one of these holidays falls on a Sunday, then the Monday after will be considered the holiday.

- **New Year's Day**
- **Martin Luther King Day**
- **President's Day**
- **Memorial Day**
- **Juneteenth**
- **Independence Day**
- **Pioneer Day**
- **Columbus Day**
- **Thanksgiving (both Thursday and Friday)**
- **Christmas Day**

For emergencies call us at 435-636-3739 Ext. 1 or 435-650-1297 after hours

Meal Schedule

Breakfast 8:00 am– 9:00 am

Snack 10:00 am– 10:30 am

Lunch 12:00 pm– 1:00 pm

Snack 3:00pm– 3:30 pm

Dinner 6:00pm-7:00pm

Parents please make note of the above meal and snack times. We will provide meals and snacks **if** your child is present during these times.

NAME OF DIRECTOR AND CENTER	EMAIL	MOBILE PHONE	CENTER PHONE
Sheryl Goodey The Family Place Utah Logan, UT	sheryl@thefamilyplaceutah.org	(435) 890-2893	(435) 752-8880
Janelle Christensen Family Haven Orem, UT	jchristensen@family-haven.org	(801) 837-3247	(801) 229-1181
Janeen Jennings Family Support Center of Ogden Ogden, UT	janeen@fscogden.org	(360) 472-0510	(801) 393-3113
Shelley Wright Carbon County Family Support Center Price, UT	shelley.wright@carbon.utah.gov	(435) 820-1561 (435) 636-3735 (office number)	(435) 636-3739, xt 1
Pam Bird Family Support Center of the Uintah Basin Roosevelt, UT	crisisnursery2021@gmail.com	(435) 724-2645	(435) 722-2401
Suzanne Whitehead Family Support Center Salt Lake Taylorsville, UT	suzanne@familysupportcenter.org	(406) 270-6216	(801) 995-9110
Julie Nieman Grand County Family Support Center Moab, UT	jnieman@grandcountyutah.net	(435) 363-5781	(435) 259-1658
Connie Furnival Family Support	director@familysupportutah.org	(435) 590-4707	(435) 586-0791

Cedar City, UT LaVelle Prince Family Support Center of Washington County St. George, UT	lavelle@fsc4kids.org	(435) 817-0480	(435) 674-5133
Donnette DeMaio Open Doors Clearfield, UT	ddemaio@opendoorsutah.org	(801) 721-2129	(801) 773-0712
Jason Wilde Open Doors Clearfield, UT	jwilde@opendoorsutah.org	(801) 510-0853	(801) 773-0712
Jill Scharrenberg Box Elder Family Support Center Brigham City, UT	jscharrenberg@befsc.org	(435) 730-2832	(435) 723-6010

Therapy & Counseling Provider

Castle Country Counseling

Bert Bruno; Private Practice
375 South Carbon Ave., Suite 134
Price, UT 84501
(435) 650-6562

Christopher Gravett, LCSW

453 S Carbon Ave,
Price, UT 84501
(435) 610-1896

Mindful Healing

Boni Taylor
375 S Carbon Ave.
Price, UT 84501
(435) 749-2584

Four Corners Community Behavioral Health- *Carbon County*

575 East 100 South
Price, UT 84501
(435) 637-2358

Four Corners Community Behavioral Health- *Emery County*

45 East 100 South
Castle Dale, UT 84513
(435) 381-2432

Gray Matters Counseling (Greg Cowan, LCSW)

23 S Carbon Ave #5,
Price, UT 84501
(435) 650-9008

Health Earl, PhD

945 Hospital Dr #7,
Price, UT 84501
(435) 630-1499

Kara Heugly Counseling

70 W Main
Price, UT 84501
(435) 637-0171

LDS Family Services

630 West Price River Drive
Price, UT 84501
(435) 637-2991

Carbon County Family Support and Children's Justice Center

80 S Fairgrounds Rd,
Price, UT 84501
(435) 636-3737
(435) 650-3382

Carbon Medical Helper Clinic

125 S Main St.
Helper, UT 84526
(435) 472-7000

Carbon Medical Sunnyside Clinic

331 Ut-123
Sunnyside, UT 84539
(435) 888-4411

**Carbon Medical
Price Clinic**

250 N. Fairgrounds Rd.
Price, UT 84501
(435) 650-9984

Ally Behavioral Counseling

Alison Marrelli
330 N. 700 E.
Price, UT 84501
(435) 650-9954

Canary Counseling
(Adults only)

42 S. Main St.
Helper, UT 84526
(435) 557-0435

42 S. Main St. Suite #3

Internal Resolutions
(Adults only)

Helper, UT 84526
(385) 243-1744

USUE Counseling Center
(USUE students only)

<https://eastern.usu.edu/mental-wellness/index>

Housing resources

S.E.A.L.	435- 613-0010	435-636-2328
Utah Health	utahhelp.utahhelp.gov	
Housing & community development	1-800-948-7540	
Rocky Mountain care/United Way	1-801-397-4160	
Workforce services/TANIF Program		
Habitat for Humanity	435-636-3230	
Community HUD Subsidized Program	435-637-9306	
Carbon County Apts	435-637-9306	
Avalon Housing	435-637-2632	
Emery County Housing	435-381-3581	
Eastgate Apts	435-637-0344	

You have rights



Clients have the right to:

- Be treated with dignity.
- Be free from potential harm or acts of violence.
- Be free from discrimination.
- Be free from abuse, neglect, mistreatment, exploitation and fraud
- Communicate and visit with family, attorney, clergy, physician, counselor, or case manager, unless therapeutically contraindicated or court-restricted
- Privacy of current and closed records.
- Be informed of agency policies and procedures that affect client or guardian's ability to make informed decisions regarding client care, to include:
 - Program expectations, requirements, mandatory or voluntary aspects of the program consequences for non-compliance.
 - Reasons for involuntary termination from the program and criteria for re-admission program service fees and billing.
 - Safety and characteristics of the physical environment where services will be provided.

If you feel your rights have been violated:

- **Call:** 801-538-4242
- **Email:** licensingconcerns@utah.gov
- **Mail:** 195 N. 1950 W, Salt Lake City, UT 84116
(please include program name in the letter or email)

CARBON COUNTY FAMILY SUPPORT CENTER

80 South Fairgrounds Road
Price, UT 84501
435-636-3739 ext. 1

CRISIS NURSERY CONTRACT

Thank you for coming to the Nursery. To better serve you, please review the following information carefully before leaving your children at the center. By signing below we know that you agree to the guidelines of this contract.

I understand to schedule 24 hours in advance for Respite Care. Crisis Care takes precedence over Respite Care.

I agree to be on time when dropping off and picking up my children. I understand that if I am going to be late, I must notify the center immediately.

I understand that by not cancelling my scheduled appointment, other children will be turned away. Please call the center so we may schedule other children accordingly.

I understand if I have a medical and/or therapy appointment out of town, a Dr.'s note is required for **EACH** appointment with the time the appointment began and the time it was over.

I understand that the center has a **"no-sick" policy** and that children must not be sick or have a contagious condition.

I understand that the center values education. I may be asked to explain why my school aged children are scheduled during school hours.

I understand that only custodial caregiver's/guardians are authorized to sign in and pick up my children unless I notify the center in advance if other arrangements need to be made.

I understand that I may be called to pick up my child if their misbehavior becomes a safety concern for the child and other children in the nursery.

I understand that the center has to abide by state health regulations. I agree to bring my child in clean and appropriately clothed (shirts, pants, shoes).

I understand I will need to provide a bottle with formula and/or breast milk for my baby.
I give permission to have nursery staff bath my child and/or change diapers or clothing as needed.

I authorize the center to give emergency care when caregiver's/guardians cannot be reached or until emergency response arrives. In case of a medical emergency and/or evacuation, I hereby give permission to the Family Support Center to make arrangements for emergency transportation. I also understand that the child will be transported to an appropriate medical facility by the local emergency unit for treatment, if the local emergency resource deems it necessary. In case of evacuation, I understand staff will transport my child(ren) to the designated shelter in the center van.

Children can only be given prescriptions or other medication when I complete and sign a separate medication form.

I understand that all the information about me and/or my children, while receiving services at the center, will be kept confidential. Exceptions include; (1) signed release, (2) upon a court order, (3) If I appear to be a danger to myself or others, (4) reason to believe that child abuse has occurred, (5) If I fail to return for my child(ren).

I understand regular disregard to the nursery policies may result in the centers inability to serve me and/or my family.

Caregiver's or Legal Guardian Signature

Date

Caregiver's or Legal Guardian Signature

Date

Staff Signature

Date

I have received a copy of this contract _____
(Initial)

Caregiver's Information

Caregiver's Name: _____ **DOB:** _____
Address: _____
City: _____ **State:** _____ **Zip:** _____
Home Phone: _____
Mobile Phone: _____ **Work Phone:** _____
Email: _____

May we contact you at home? Y N
May we contact you at work? Y N
May we contact you by email? Y N

Gender:
__Male __Female __Transgender __Other Preferred Pronouns _____

Ethnic Background:
__White __Black/African American __Asian __American Indian/Alaskan Native __American Indian/Alaskan Native & White
__Native Hawaiian/Hawaiian/Another Pacific Islander __Black/African American & White
__Hispanic
__Asian & White __American Indian/Alaskan Native & Black/African American __Other Multi-racial __Other

Caregiver's Name: _____ **DOB:** _____
Address: _____
City: _____ **State:** _____ **Zip:** _____
Home Phone: _____
Mobile Phone: _____ **Work Phone:** _____
Email: _____

May we contact you at home? Y N
May we contact you at work? Y N
May we contact you by email? Y N

Gender:
__Male __Female __Transgender __Other Preferred Pronouns _____

Ethnic Background:
__White __Black/African American __Asian __American Indian/Alaskan Native __American Indian/Alaskan Native & White
__Native Hawaiian/Hawaiian/Another Pacific Islander __Black/African American & White
__Hispanic
__Asian & White __American Indian/Alaskan Native & Black/African American __Other Multi-racial __Other

Additional information continued on the back of this paper

Referred By (Name): _____

☐ Myself ☐ Friend ☐ Relative ☐ Spouse/Parent ☐ Workforce Services ☐ DCFS
☐ Former Client ☐ Women's Shelter
☐ Other _____

Briefly describe the reason(s) that bring you and your family to the Center?

Indicate the general area(s) in which you believe the Center might be of help to you.

☐ Personal Behavior ☐ Emotional Problems ☐ Interpersonal Family Concerns
☐ Difficulties with My Children. ☐ Child Sexual Abuse ☐ Parenting Skill Class ☐ Stress Management
☐ Other _____

Has your child been screened for suicide? Y__N__ If yes, please explain _____

X _____
Signature of Caregiver's or Legal Guardian

Date

X _____
Signature of Witness (Family Support Staff)

Date

Child's Information

Child's Name: _____ Date of Birth: _____

Gender: ☐ Male ☐ Female ☐ Transgender ☐ Other Preferred Pronouns: _____

Known Medication or Food Allergies: _____

Are there any special medical conditions, disabilities, and or problem behaviors that we need to be aware of? Y__N__ If yes, please explain _____

What types of things help calm your child when they are upset? _____

Dietary Stage: ☐ Breastfeeding ☐ Formula ☐ Solids ☐ Toddler Stage 1 or 2

Is your child currently wearing diapers? Y N

Does your child have any allergies to the following? Mark Y (yes) or N (no)

Baby Wipes: Y__ N__, Baby Powder: Y__ N__, Ointment: Y__ N__, Diaper: Y__ N__

Please specify _____

Ethnic Background: ☐ White ☐ Black/African American ☐ Asian ☐ American Indian/Alaskan Native
☐ Native Hawaiian/Other Pacific Islander ☐ American Indian/Alaskan Native & White ☐ Asian & White
☐ Black/African American & White ☐ Hispanic ☐ American Indian/Alaskan Native & Black/African American
☐ Other Multi-racial ☐ Other (Please Specify) _____

Language Spoken in home: ☐ English ☐ Spanish ☐ Other

Mode of Communication: ☐ Verbal ☐ Nonverbal ☐ Sign Language ☐ Braille ☐ Other

Relationship to Caregiver: ☐ Natural/Biological Child ☐ Step Child ☐ Adopted Child
☐ Foster or Kinship Child ☐ Grandchild ☐ Other (please specify) _____

I give the Carbon County Family Support Center staff permission to apply or administer the following medication, creams, and/or ointments. For prescription medications I will complete a separate release form.

Diaper Care: Baby Wipes ☐ Diaper Rash Ointment ☐ Baby Powder ☐ Cornstarch ☐
Other ☐ (please specify) _____

General Care: Anti-bacterial Ointment or Spray ☐ Sunscreen ☐ Benadryl (Antihistamine) ☐
Fever Reducing Medication: Children's Tylenol ☐ Children's Ibuprofen ☐
Teething Tablets ☐ Baby Orajel ☐ Pedialyte ☐ **DON'T GIVE PERMISSION** ☐

Permission Slip for Photography

I **DO** give permission for the Family Support Center to photograph my child/children _____

I **DO NOT** give permission for the Family Support Center to photograph my child/children _____

Emergency Reference Form

Caregiver's or Legal guardian Name: _____

Address: _____

Phone #: _____ Cell #: _____

Children's Physician: _____ Physician's phone #: _____

Has your child ever ingested anything harmful such as drugs, alcohol, harmful chemicals, or medication?

If so please explain what? _____

Has the child been up-to-date on their immunization shots (Vaccine)?

☐ Yes ☐ No

In case your child should become ill or injured at the Center and you cannot be reached whom shall we call, other than yourself?

Name of emergency contact (Other than self): _____

Relationship to child: _____ Phone #: _____ Cell #: _____

Address: _____

Is this person authorized to pick up your child? ☐ Yes ☐ No

The following individuals can pick up my child/children upon meeting two conditions:

- 1- I have notified the Family Support Center in advance.
- 2- Provided they present adequate proof of identification.

Name: _____ Phone #: _____ Relationship: _____

Name: _____ Phone #: _____ Relationship: _____

Name: _____ Phone #: _____ Relationship: _____

OPTIONAL List any protective orders that are in place. Please list the name of the person in which you have a protective order against. And is the protective order for you, children, or both. _____

Should I withdraw my permission at any time for the individual's on the pick up/drop list, I will notify The Family Support Center immediately. Failure to notify The Family Support Center will relieve the agency from any liability. Also if there are any other change e.i. addresses, phone number, please inform The Family Support Center.

X _____

Caregiver or Legal guardian Signature

Date: _____

X _____

Witness (Family Support Staff)

The Carbon County Family Support Center

Request for Treatment, Confidentiality, And Hold Harmless Form

I request services at the Family Support Center. I understand that all information obtained concerning me And/or my child/children or anything I tell the staff, orally or in writing, will be kept confidential within the Center with these exceptions:

1. I sign a release request specifying to who the information is to go, what information I want released and for what time period information may be released.
2. Upon a proper court order.
3. In emergencies when it appears I may be a danger to myself or to others.
4. In child abuse cases as the law requires.

I indemnify and hold harmless the Family Support Center for the fulfillment of its legal responsibilities stated above. All of the information on this sheet has been clearly explained to me by a staff member and I acknowledge that I understand it and I am willing to abide by it.

X _____
Signature of Caregiver or Legal Guardian

Date

Witness

I _____ have read and received a copy of the Crisis Nursery General Rules & Priority Levels, Caregiver's/Legal Guardian Responsibilities, Clients Rights, Appeals of Services, Customer Policy, and Sick Policy. I agree to and understand them.

X _____
Signature of Caregiver or Legal Guardian

Date

Witness

Informed Consent Form

As the Caregiver/legal guardian of _____, I am fully aware that the Family Support Center
Name of child/children

will report my statistical information into a quarterly database. I understand that my name and the name of my children will not be identified in the data report, only background information.

By signing this form I give consent for the Carbon County Family Support Center to release my statistical information to the DHS/DCFS database.

Caregiver's or Legal Guardian's Signature

Date

Witness (Center Staff)