

**West Virginia System of Care**  
(Formerly: Mountain State Family Alliance-Region II)  
**940 Fourth Avenue, Suite 335**  
**Huntington, WV 25701**  
**Phone: (304) 399-0126**  
**Consent for Release of Information and Participation**

**Description of Program**

The West Virginia System of Care (WVSOC) is working to improve community-based mental health services for children and families. The community is working toward providing families with services that are coordinated between mental health, social services, juvenile probation, education, and other agencies families may be involved with.

**Release of Information**

As part of the West Virginia System of Care (WVSOC) information will be shared with the Region's Family Network and Marshall University. The Family Network provides parent outreach, parent-to-parent support, opportunities for parent trainings, assistance with understanding the Multidisciplinary Treatment Team (MDT) and Individualized Education Plan (IEP) processes, and information on resources available in your local community. Regular contact from the Region's Family Network Parent Liaison is provided by phone, mail, or face-to-face visits. Marshall University is collecting demographic information on the children in the WVSOC so that reports for the state on all of the children as a whole can be generated. No specific information on an individual child will be released.

The following information will be released if you sign this consent:

1. Name of my child, my family's address and phone number
2. General information about gender, age, date of birth, race and behavioral issues of my child
3. Legal Guardian of child
4. Current placement
5. Diagnosis/IQ
6. Family Information and History

**Purpose of Consent and Release of Information**

The purpose of this release is:

1. To assess the needs of my family
2. To connect with a Family Network representative in my area.
3. To collect demographic information.

**Voluntary Consent**

My child and I are invited to participate in the West Virginia System of Care because my child receives services from more than one of the following agencies; mental health, social services, juvenile probation, or education. By participating, WVSOC staff will work with my family in assuring my child receives coordinated services through a collaboration of agencies that my child is involved with. This will happen at a Multidisciplinary Treatment Team (MDT) meeting and/or Treatment Team meeting.

By signing this consent form, I certify that I have read the preceding, or that it has been read to me, and that I understand its content. My questions have been answered. My signature below means that I freely agree to participate with the West Virginia System of Care. I understand that this consent will be effective until June 30, 2007. If I choose to withdraw this consent I will notify the WVSOC in writing.

\_\_\_\_\_  
**Signature of Legal Guardian**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Print Child's Name (Also, Signature if over age 11)**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Witness**

\_\_\_\_\_  
**Date**