

Consent for Participation in Transitional Planning Services

The Transitional Planning services have been fully explained to me. I understand that participation in these services is completely voluntary and I am free to decide who shall provide Transitional Planning services. Knowing this, I have decided to have:

(Agency)

provide Transitional Planning services. I may choose to decline participation at any time.

I understand that for Transitional Planning to be effective the following activities may be necessary:

1. Intake/Assessment;
2. Service referrals which I have discussed and agreed upon;
3. Case conferencing with other service agencies involved in my care;
4. Internal staff case review;
5. Two-week post release community follow-up; and
6. Case closure.

Client's Signature

Date

Transitional Planner's Signature

Date