



## CONSENT FOR WRAPAROUND PARTICIPATION

I understand that my child is being referred for consideration for Wraparound in Lenawee County. As part of this process, relevant case material will be reviewed by a Gatekeeping Committee and a Community Wraparound Team, made up of members of the community. In addition, if the referral is accepted for Wraparound, the family will be asked to help form and build a 'family and child team' to help guide treatment and services for the family.

I agree to participate in this process. Please note: Appropriate Releases and Consents will be obtained by LCMHA upon acceptance into Wraparound.

Name of Child: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Relationship: \_\_\_\_\_