



Children's Home Network • 3450 Buschwood Park Drive Suite #195, Tampa, FL 33618 • www.childrenshomenetwork.org
 Phone: 901-3439 • FAX: 882-3689

		Student ID #	
Child's Name:		Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Race:	<input type="checkbox"/> White <input type="checkbox"/> Black/African-American <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian/Pacific Islander		
Ethnicity:	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic		
Date of Birth:			

Parent/Primary Caregiver Information

Name:		Home Phone: ()	
Relationship to Child:		Work Phone: ()	
Address:		Other Phone: ()	
City:		Language Preference:	
Zip:	Email:		

Alternative Contact

Name:	Relationship to Child:
Home Phone: ()	Other Phone: ()

Referral Information

Name:	Title:
Phone: ()	Agency/School:

Educational Information

School/Daycare Center:	Teacher:
Previously Referred to : <input type="checkbox"/> Early Steps <input type="checkbox"/> Child Find	Grade:

Brief Description of Reason for Referral

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**Application Acknowledgement and Submission –
 Please sign either the Primary Caregiver section or the Referrer section**

**BY SUBMITTING THIS APPLICATION, I ACKNOWLEDGE THAT I HAVE READ,
 UNDERSTAND, AND AGREE TO THE PROVISIONS STATED BELOW**

Select to Agree: I affirm that the facts set forth in this application are, to the best of my knowledge, true and complete. I give permission to Children's Home Network and its representatives to contact the parent/caregiver of the child entered in this SEEDS application in connection with my desire to seek services with the SEEDS program.

Disclaimer: Please forward a copy of the child's most recent report card. Your application may be delayed if the application is not legible and/or the aforementioned documents are not submitted.

Caregiver Signature	Date:
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Select to Agree: I acknowledge that I am not the parent/caregiver of this child, and that I have spoken with the parent/caregiver and I have received their consent for submission. I affirm that the facts set forth in this application are, to the best of my knowledge, true and complete.

Disclaimer: Please forward a completed copy of the Hillsborough County Schools Authorization for Release of Records form along with a copy of the child's most recent report card. Your application may be delayed if the application is not legible and/or the aforementioned documents are not submitted.

Referrer Signature:	Title	Date:
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**The Children's Home Network
Multi-Agency Continuous Quality Improvement Informed Consent**

The Children's Home Network. SEEDS program is an integrated and collaborative program of county wide teams which deliver services to children and families in Hillsborough County, Florida. It is funded primarily by The Children's Board of Hillsborough County with supported funds by the Hillsborough County Public School System. Continuous Quality Improvement or CQI is an approach to quality management that builds upon traditional quality assurance methods by emphasizing the organization and systems. It focuses on the "process" and promotes the need for objective data to analyze and improve those processes.

As an agency and program, we ensure that each team is following best practice policies and procedures in the delivery of services to families in Hillsborough County. This is accomplished by The Children's Board reviewing files on a regular basis. In addition, files are reviewed internally by The Children's Home Network. Each of the reviewing partners is bound by HIPAA laws and may not disclose any information contained in a file without your written consent. No information from your family file will be copied, reproduced, and/or forwarded to any individual without your written consent.

Additionally, non identifying demographic information regarding your family is entered into a database maintained by The Children's Board of Hillsborough County in order to help measure the outcomes of the program.

With my written consent on this document, I understand that the agencies listed below which are checked "yes" can review the file as part of best practice continuous quality improvement standards.

The Children's Home Network - SEEDS Program Only	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Children's Board of Hillsborough County	Yes <input type="checkbox"/>	No <input type="checkbox"/>

The purpose of this consent is: Continuous Quality Improvement

I have given my consent freely and voluntarily. Re-disclosure of this information without my further written permission is prohibited by state statutes and Federal Regulations.

This consent will expire upon following 1 year or upon completion of the SEEDS program. I may revoke this authorization at any time, providing I notify the SEEDS program in writing to that effect. However, such revocation will have no effect on any action previously taken.

Signature of Parent/Guardian

Date

Signature of Witness

Date

