



## Consent for Referral

I have been informed by \_\_\_\_\_ that my family  
(Referral Agency)

has been referred to the Greater Danbury Intensive *In-Home* Child and Adolescent Psychiatric Service (IICAPS) of  
**Family & Children's Aid, Inc.**  
**75 West St. Danbury, CT 06810**  
(IICAPS Agency)

I understand that someone from IICAPS will contact me to confirm that my family is interested in receiving IICAPS services, and that services will begin as soon as an IICAPS team is available and makes their first visit to my home.

### Current contact information:

**Name of Child:** \_\_\_\_\_

Home telephone #: \_\_\_\_\_ Work #: \_\_\_\_\_

Cell phone #: \_\_\_\_\_

Street address: \_\_\_\_\_ Apt: \_\_\_\_\_

Town: \_\_\_\_\_

Zip: \_\_\_\_\_

If no telephone: The best way to contact me is --

\_\_\_\_\_

Signature(s): \_\_\_\_\_

Date

\_\_\_\_\_ Date