HEART OF CARE FULL SPECTRUM COMMUNITY TREATMENT SERVICES

CONSENT FOR SERVICES

I, _____, voluntarily request services from Heart of Care Full Spectrum Community Treatment Services.

I understand services may include:

- Peer Support
- Advocacy
- Resource Coordination
- Wellness Planning
- Recovery Support
- Transportation Assistance (if applicable)
- Community-Based Support Services

I understand that Heart of Care is not a medical provider, psychiatric provider, legal service provider, or emergency service.

I consent to receive services and participate voluntarily.

Client Signature: _____

Date: _____

Staff Signature: _____