



AUTHORIZATION / CONSENT FOR FATHER REFERRAL

I, _____ (printed name), hereby give consent and permission for representatives from the T.E.A.M. Dad program to contact me (or my son if he is a minor) to learn more about the program and determine eligibility.

I have read this Consent before signing and fully understand the contents, meaning and impact. I understand that I am free to address any specific questions and have done so prior to signing this Consent.

Father's Name: _____

Date of Birth: _____

Address: _____

Telephone Number: _____

Email Address: _____

Signature of Father: _____ Date: _____

Required if Client is under age 18:

Name of Parent or Legal Custodian: _____

Signature of Parent/Legal Custodian: _____ Date: _____

Contact: Email to Referrals@hscmd.org or Fax to 786-565-4013