



The Center for Child and Family Advocacy, Inc.

219 East Washington Street, Napoleon, Ohio 43545
Telephone (419) 592-0540 – Fax (419) 592-4514

Safe and Healthy Relationships

This program's target population is for those individuals who do not meet the criteria for Juvenile Sex Offender Program, but are experiencing issues with inappropriate problematic sexual behaviors (i.e. sexting and cyber harassment/consent).

You will be required to attend all of the scheduled classes. Failure to attend all (3) three of the classes will result in referral back to the court system and/or other referral source for non-compliance. The referral source will also receive any behavioral concerns and recommendations for further assessment.

As you know parent involvement is very important in an adolescent's life, therefore the last hour of the program will require parent/guardian involvement. Please have one or both parents/guardians attend that last hour. Parents or guardian may be required to meet with the group facilitator individually at any given time to address concerns. This is a mandated requirement for your child to have successful completion. Therefore your child is at risk for not successfully completing if a parent does not attend the last class.

Your consent may reveal information that may be used by third parties to make decisions that could have significant effect on your or your child's life. Third parties may include the courts or The Department of Job and Family Services. The Center for Child and Family Advocacy, Inc. is a mandatory reporter and the following disclosures DO NOT require authorization (e.g. child/elder abuse or neglect reporting). The Center for Child and Family Advocacy will take all necessary steps to protect individuals from harming themselves or others as required by law under court order. The Center for Child and Family Advocacy follows the Office of Civil Rights to determine compliance with the privacy rule.

By signing this statement I have made a commitment to attend the program. By signing this I am acknowledging Informed Consent.

Dates:

Time:

Location:

Participant Signature: _____ **Date:** _____

Parent/Legal Guardian Signature: _____ **Date:** _____

Referral Signature: _____ **Date:** _____