**Consent for Referral to The Arab-American Family Support Center**

**Instructions:**

Complete the following form and obtain signed consent from the client being referred for services at Arab-American Family Support Center. If the client is under 18 years of age, the parent/guardian must sign. Upon completion of the referral, upload this signed document in the appropriate form field.

Find the referral form on our website here: <https://www.aafscny.org/referrals/>

**Statement of Consent:**

I understand that by signing this form I give my consent for the referring agency/provider to release only the information outlined in this form for the purpose of a referral. I understand that I can refuse to sign this consent form, and that I can withdraw this consent at any time by writing a letter to the agency making my referral and the Arab-American Family Support Center.

* Name (first and last)
* Date of Birth
* Borough
* Zip Code
* Primary Language
* English fluency
* Contact information
* Best method of contact
* Information pertaining to the client’s interest in/needs for services

\_\_\_ I give consent for the release of this information for this referral.

\_\_\_ I do NOT give consent to release this information.

Client Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*If the client is under 18 years of age:*

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_