



Informed Consent for Receiving Services

My signature below indicates that the length, requirements and purpose of _____
Program Name
have been fully explained to me and/or my child and I agree to participate in the service. I am aware that I can, at any time, have my questions answered and concerns addressed by contacting Ligia Masilamani (Director, Home Care) at (203) 855-8765.

Additionally, I am aware that as a Homemaker Companion Agency registered with the Connecticut Department of Consumer Protection (Registration #: HCA.0000513), Family & Children's Agency:

- Does not permit Home Care employees or independent contractors to accept gratuities and gifts
- Is fully insured and conducts full background checks on all Home Care employees

Signature

Date

Printed Name

Relationship to client

Signature of Staff Member

Date

Printed Name of Staff Member