



University of New Mexico
 Center for Development & Disability
 Indian Children's Program
 2300 Menaul Blvd, NE
 Albuquerque, NM 87107
 phone: (505) 272-1856
 toll-free: (866) 427-8661
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CONSENT FOR ICP SERVICES & PERMISSION TO SHARE CONFIDENTIAL INFORMATION

Indian Children's Program (ICP) is funded by Indian Health Services to serve children birth to 18 with disabilities and to provide training and technical assistance to families and professionals who serve children with disabilities. ICP cannot supplant services that are the responsibility of another program or school but ICP can be available to work with a program or school to help fill in the gaps for evaluations and services if the program or school is not able to secure these from other sources. There is no charge for the services provided through the ICP.

I, _____ give consent for the Indian Children's Program to complete a supplanting check and provide service coordination to determine the need for developmental or educational assessment and intervention for my child _____ ,
 Date of Birth: _____ .

 Parent/Guardian Signature

 Parent/Guardian Signature

 Date

 Date

In order to complete the intake process, the ICP may need to discuss my child's needs with other service providers. The ICP at the University of New Mexico Center for Development & Disability may obtain and share information from/with the following agencies and providers that are currently involved in the care of my child:

- | | |
|--|---|
| <input type="checkbox"/> IHS Physician: | <input type="checkbox"/> Newborn Intensive Care Program |
| _____ | <input type="checkbox"/> Children's Medical Services |
| <input type="checkbox"/> Other Health Provider: | <input type="checkbox"/> NM Children, Youth and Families Department (CYFD) |
| _____ | <input type="checkbox"/> NM School for the Blind and Visually Handicapped |
| <input type="checkbox"/> Therapy Service Provider: | <input type="checkbox"/> NM School for the Deaf |
| _____ | <input type="checkbox"/> Other: |
| <input type="checkbox"/> NM FIT Early Intervention Provider: | |
| _____ | |
| <input type="checkbox"/> Early Childhood or Family Education Center: | <u>Center for Development & Disability Programs</u> |
| _____ | <input type="checkbox"/> Early Childhood Evaluation Program (ECEP) |
| <input type="checkbox"/> Early Head Start or Head Start Program: | <input type="checkbox"/> FOCUS Program |
| _____ | <input type="checkbox"/> Medically Fragile Case Management Program |
| <input type="checkbox"/> Local School: | <input type="checkbox"/> Neurodevelopmental Diagnostic Clinic/Autism Programs |
| _____ | <input type="checkbox"/> SAFE Feeding Clinic |
| <input type="checkbox"/> BIE School: | <input type="checkbox"/> UNM Dysmorphology Clinic |
| _____ | <input type="checkbox"/> Other: |
| _____ | _____ |

By my signature below, I authorize the agencies/service providers that I have checked to discuss the needs of my child. I understand that the representatives of these agencies are committed to respecting the confidentiality of information about my child. I understand that I do not have to agree to grant this permission, and that if I do, I may withdraw my permission at any time; and that my permission will automatically expire one year from the date of this signing.

 Parent/Guardian Signature

 Parent/Guardian Signature

 Date

 Date