CCA-1271A FORFF (10-21)

AZ STEPS

Small Steps…Big Impact!

Arizona Statewide Training and Technical Assistance for Expulsion Prevention System

Supported by

southwest human development
Creating a Positive Future for Young Children

Department of Economic Security
Your Partner For A Stronger Arizona

easterseals Blake Foundation

SERVICE CONSENT FORM

AZ STEPS has received an Arizona Suspension and Expulsion Prevention Support Request or Notification of Expulsion regarding your child. Please review, sign and return to the AZ STEPS Resource Consultant within two (2) business days to ensure timely service delivery and collaboration.

X _____ I have been educated by an AZ STEPS Resource Consultant or Child Care Provider on the AZ STEPS program and all services offered to families and child care providers before I was provided the Service Consent Form.

X _____ I understand a Resource Consultant may be observing and interacting with my child in the child care setting. I also understand that the Resource Consultant and child care provider may exchange information about my child in their efforts to understand and address my child's needs and to enhance the overall quality of the child care program.

X _____ I understand that anything discussed between the Resource Consultant and the provider, my child, or myself is confidential, and protected by law. State and Federal laws indicate the following exceptions to the confidentiality policy: suspected child abuse and neglect, harm to self, or imminent harm to others.

X _____ I understand that I may revoke the right to participate in the AZ STEPS Program at any time. I will submit a written request to AZ STEPS that will include my signature. The revocation does not include any information that has been shared between the time that I gave permission to share information and the time it was cancelled.

I understand that the Service Consent Form expires one year from the date it is signed, unless otherwise indicated by myself.

☐ I Consent to Services

☐ I Decline Services

Name of Child	*Child's Date of Birth*	*Parent Phone Number*

Name and Address of Child Care Site

Parent/Guardian Name (please print)	*Parent/Guardian Signature*	*Date*

Name of Resource Consultant	*Phone Number*

Funding provided by the Arizona Department of Economic Security Child Care Administration through the Federal Child Care and Development Block Grant (CCDBG).

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