

Participation Agreement and Consent for Services

Healthy Start Fatherhood Services is an early childhood home visitation program designed to help you learn more about parenting, support your child's development, and help with the challenges of fatherhood. Our services are available to fathers for at least **18 months after enrollment**. Your participation is voluntary and there is no cost.

Our services for your family include:

- Personal home visits and ongoing case management –to support you in your parenting role and provide child development information. Visits can be phone calls, virtual, and/or face to face.
- Group connections – Opportunities to get to know other fathers.
- Resource network – Connection to resources in the community based on the interests and needs of your family.

What to expect:

- We will schedule home visits at a time that is convenient for you and your family.
- We will get to know you better by learning about your family through a number of family-centered assessments.
- We will partner with you to set goals that are meaningful to you and your family.
- We will give you information about health and parenting that respects you and your family's culture.
- You will receive at least 1 visit each month.
- You will be invited to participate in group connections with other fathers.
- We will help you connect to resources in the community.
- We will leave you with a way to contact us and return your calls/texts within two working days.

What we will ask of you:

- Be present for and participate actively in all scheduled home visits.
- Provide a space in your home for us to meet that is free of distractions. When this is not possible, and when additional privacy is needed, we may arrange to meet with you at another location (a library, our office, etc.) some of the time.
- Share your observations of your child each visit.
- Attend group connections and program events if/when you are able.
- Let us know if you need to cancel or reschedule a visit, please contact your home visitor in advance, with as much notice as possible.
 - If you miss more than two visits in a row without cancelling and rescheduling, we will talk about your ability to commit to our program and come up with a plan together.
- Feel comfortable telling us if you no longer want to receive our services, you have the right to end service at any time.
 - If we lose contact with you, we will try to get ahold of you by calling, texting, sending letters and dropping by your house. But if more than 30 days go by without a having a home visit, then we may consider closing your case so that another family can enroll.

Recordkeeping:

During your participation in the program, routine information will be collected and stored within the City of Milwaukee Health Department offices and electronic health records. This includes family information, health related information, screening results, referrals, recommendations and information about the services we provide to your family. Parents and legal guardians may request access to their family file. Please make this request in writing to the program manager and allow at least five business days for access.

Confidentiality:

All records are confidential, protected by Health Insurance Portability and Accountability Act (HIPAA), and will not be shared unless we have your permission, or are required to by law. Exceptions include:

- Our program may share information without your consent in order to protect you or others from serious harm (for example, if a family member plans to harm him or herself, if a family member plans to harm another person)
- Our program may share information without your consent if there are concerns about abuse or neglect of a child or elderly person. All of our staff are mandated reporters and are required by law to report suspected child abuse and neglect to the Division of Milwaukee Child Protective Services.
- Our program may release information if we receive a court order requiring us to do so.

Limits of our Services:

Home visitors and program staff are not able to:

- Provide transportation for families in their personal vehicles.
- Give cash to families.
- Provide childcare for families.
- Diagnose developmental, psychological, or medical conditions.
- Spend time with families outside of home visits and program events.
- Accept gifts from families.
- Accept friend requests on social media from clients.

I understand the above and I agree to participate in Healthy Start Fatherhood Services program services administered by City of Milwaukee Health Department staff. By signing this consent form, I agree to allow the information described to be collected and kept by the program. I understand that my participation is voluntary and at any time, I can let my home visitor or the supervisor know verbally or in writing that I no longer want to participate.

_____	_____	_____
Client's Signature	Date	Initials
_____	_____	_____
Parent/Legal Guardian Signature (<i>If client is a minor</i>)	Date	Relationship
_____	_____	_____
Home Visitor's Signature	Date	Initials