

AUTHORIZATION / CONSENT FOR FATHER REFERRAL

	(printed name), hereby give consent and perm	
representatives from the T.E.A.M. Dad about the program and determine elig	I program to contact me (or my son if he is a minor) to I ibility.	earn more
	ning and fully understand the contents, meaning and ny specific questions and have done so prior to signing thi	•
Father's Name:		
Address:		
Telephone Number:		
Email Address:		
Signature of Father:	Date <u>:</u>	
Required if Client is under age 18:		
Name of Parent or Legal Custodian:		
Signature of Parent/Legal Custodian: _	Date:	
Date of Referral: Na	Referred By: ame and Contact #:	