Reset Form

INDIANA FIRST STEPS CONSENT TO SHARE AND RECEIVE INFORMATION

State Form 51675 (R5 / 2-21)
FAMILY AND SOCIAL SERVICES ADMINISTRATION

Children and parents in First Steps have the right to confidentiality. As a parent in First Steps, you have the right to give consent before we:

1. *Share your child's First Steps information with someone outside First Steps, or*
2. *Receive information about your child from someone outside First Steps.*

CHILD INFORMATION

Name of child		Name(s) of parent(s)	
Today's date *(month, day, year)*	First Steps identification number	Date of birth *(month, day, year)*	Date of referral *(month, day, year)*
Name of service coordinator	Single Point of Entry (SPOE)	County	

CONSENT TO RECEIVE INFORMATION

I give consent for First Steps to **receive** information about my child from:

- ☐ Primary care doctor
- ☐ Other health care provider: _____
- ☐ Early care and education provider (child care, Head Start)
- ☐ The Indiana Department of Child Services
- ☐ The Indiana Department of Health
- ☐ Other: _____

☐ **My service coordinator has explained my family's right to confidentiality under Part C of the Individuals with Disabilities Education Act (IDEA).** I understand if I believe my rights have been violated, I should e-mail FirstStepsWeb@fssa.in.gov, call 800-545-7763, or send my complaint via mail to 402 West Washington Street, room W453, Indianapolis, Indiana 46204.

☐ By signing, I give my consent for the above selections. I understand I can revoke my consent at any time.

Signature of parent	Date *(month, day, year)*
Printed name of parent	

CONSENT TO SHARE INFORMATION

I give consent for First Steps to **share** information about my child with:

- ☐ The person who referred my child to First Steps
- ☐ Primary care doctor
- ☐ Other health care provider: _____
- ☐ Early care and education provider (child care, Head Start)
- ☐ Family member: _____
- ☐ My insurance provider
- ☐ My local school
- ☐ The Indiana Department of Child Services
- ☐ The Indiana Department of Health
- ☐ Other: _____

I give consent for First Steps to **share** my child's:

- ☐ First Steps evaluation
- ☐ First Steps assessment
- ☐ Family assessment
- ☐ Specialty assessment: _____
- ☐ Individualized family service plan (IFSP)
- ☐ Transition plan
- ☐ Service logs
- ☐ Progress reports
- ☐ Billing records
- ☐ Other: _____

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Signature of parent	Date *(month, day, year)*
Printed name of parent	