



PA CARE Partnership Permission to Contact Form

Blair, Delaware, Greene, and Lackawanna counties are involved in a study designed to learn from families, like yours, how we can improve the quality of our services.

A one-hour interview will be conducted by a Family Member Interviewer within 30 days after you are introduced to the study by your service provider; every 6 months that you are enrolled in the service; and when you are discharged from the service, to see what changes have happened.

Both the youth **AND** one caregiver may participate. Each will be compensated \$30 for their time for any follow-up and discharge interviews they complete.

If you are interested in participating, please provide your contact information to allow the Family Member Interviewer to contact you.

Please indicate who agreed to be contacted:

Youth Caregiver Both Neither

*If neither the youth nor the caregiver agreed to be contacted, please complete the front page **ONLY**.*

Provider: _____ County: _____ ID #: _____

Date of Enrollment into Services: ___/___/____ Date of Evaluation Engagement: ___/___/___

The Date of Evaluation Engagement should occur within 30 days of the Date of Enrollment into Services.

Reason for Decline: *If the youth and/or caregiver agreed to participate, please select "Not Applicable."*

- Forgot to Ask Family
- Forgot to Send Referral to Evaluation Team
- Missed the 30-Day Timeframe for Sending the Referral to Evaluation Team
- Youth and/or Caregiver Declined to Participate
- Youth/Family Was in Crisis and It Wasn't Appropriate to Ask
- Family Moved Out of Counties Connected to Grant
- Not Eligible: Youth/Family Was Referred to Another Service Before They Could Be Engaged in the Evaluation
- Not Eligible: Youth/Family Dropped Out of This Service Before They Could Be Engaged in the Evaluation
- Not Eligible: Youth is 22 or Older
- Not Eligible: No Parent/Legal Guardian to Obtain Consent
- Not Eligible: No Mental Health Diagnosis
- Not Eligible: Youth is in Placement
- Other, please specify: _____
- Not Applicable

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DO NOT complete this information if neither the youth nor the caregiver agreed to be contacted.

Youth Name: _____

Youth Age: _____

Caregiver Name: _____

Phone Number: _____

Email Address: _____

Can the Family Member Interviewer text the phone number to get in touch and schedule a time to explain the study and conduct the interview?

Yes

No

Best Time to Contact:

Morning

Afternoon

Evening

Mental Health Diagnoses:

1) Primary: _____

2) Secondary: _____

3) Tertiary: _____

Please fax the completed form to the Evaluation Team at (412)
856-8790 or email to AnnaMaria Segreti at tomlanovicha@upmc.edu

Additional Notes: