



**FAMILIES
UNITED**
FOR EQUITY

Together We Can: Fighting for Justice and
Racial Equity in Disability Funding

AUTHORIZATION FOR SERVICES

Date: _____

Consumer: _____

DOB: _____

I hereby authorize Families United For Equity, the members of their professional staff, to perform upon the above named individual a medical, psychological or any other type of evaluation which is deemed necessary for a diagnostic assessment. These evaluations will provide the information that will make the determinations of need for medical treatment, infant program and/or therapy; educational, vocational or any other appropriate services.

The authorization will remain effective for a period of two years or until revoked in writing and delivering to Families United for Equity.

Signature of Consumer (18 or over)

Date

Parent, Guardian or Authorized
Representatives of Consumer

Date

Signature of Witness

Date

Relationship to Consumer