

R.O.O.C., Inc.
Consent for Services

I give permission for _____ to participate in the following services provided by R.O.O.C., Inc.:

- Skill Building Services:** Services designed to develop skills needed to enhance personal independence and awareness of the communities in which we live.
- Work services:** Paid work opportunities that take place on R.O.O.C. or COOR ISD property. May also include training activities designed to help individuals prepare for community-based work.
- Community Activities:** Training activities that occur with staff supervision in community settings. This may include shopping, tours, picnics, or other participation in community events.
- Supported Employment:** Paid work opportunities that take place in community-based settings.
- Employment Development Services:** Services designed help an individual obtain independent employment in a community setting. This may include assessment, work skill development and contacting employers on behalf of an individual.
- Special Olympics**
- Other (specify):** _____

Guardian Signature: _____ / /

All signed consents are valid for a period of one year unless the time limit is specifically waived.
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I Authorize Do not authorize _____ to be photographed, audiotaped and/or videotaped during their participation in services and that these photos may be used for ROOC's internal purposes. I understand that specific consent will be obtained before any of these photographs are released for publicity purposes, web sites, television or radio broadcasts, newspaper articles or other venues where the information may be viewed by the general public.

I Authorize Do not authorize _____ to participate in scheduled services during the time community members are touring ROOC's programs.

Guardian Signature: _____ / /

All signed consents are valid for a period of one year unless the time limit is specifically waived.
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I understand that by signing below I am waiving the one year limitation on consent authorized in this document and I agree to notify R.O.O.C., Inc. in writing if I wish to withdraw any or all consents provided.

Guardian Signature: _____ / /