MOVING FORWARD TOGETHER

Voluntary Participation Form

Wraparound Care Coordination

Birth-5

Wraparound is a family-driven process for helping for children with significant mental and behavioral health challenges and their families.

By signing at the bottom of this form, you agree with the following, and voluntarily enroll in the Connected Families NH (CFNH) Wraparound program:

Active participation. Wraparound requires active and frequent engagement from the family, usually for anywhere from 6-18 months, to be helpful. You will work with your Wraparound coordinator to identify your needs and team of people to help you get those needs met. You will work with your wraparound coordinator to schedule meetings at times and places that work best for your family.

Partners. CFNH works and shares information with several other organizations to deliver, evaluate, and improve Wraparound. Those partners are the Behavioral Health Improvement Institute at Keene State College, the Institute on Disability and the Institute for Health Policy and Practice at the University of New Hampshire, and the National Alliance on Mental Illness-NH.

Program evaluation. This Wraparound program is funded by a federal grant that requires us to evaluate and improve our work. This includes collecting information about your family's background and well-being, our services, and the types and costs of other Medicaid-funded services you receive while you are enrolled and for up to six months after you leave the program. This information is part of your record – it is confidential, and will only be shared with the partners listed above.

Privacy. The privacy and security of your information is very important to us. We follow the standards set forth by HIPAA when handling all Wraparound information to ensure it remains private. We will remove identifying information – things like your name, date of birth, address – before we share it with anyone other than our partners. We will also combine information from CFNH families together before we analyze or present it, to protect your privacy.

Insurance and Payment of Services. The federal grant will pay for your participation in Wraparound. You will be responsible for insurance coverage and/or payment for any other services or supports you receive, as necessary.

Questions, complaints, and withdrawal. If you have any questions, complaints, or wish to withdraw from the program, you can contact your Wraparound coordinator or Roxanne Jack, Southern Regional Manager at rjack@co.cheshire.nh.us Your participation is voluntary and you can withdraw or terminate Wraparound at any time, without penalty.

Participant Name: ____

Date of Birth: ____________________ **Medicaid ID number:**_________________________

Enrollment Start Date: ___________________

Parent or legal guardian signature:__________________________________ **Date:** _______

Wraparound coordinator signature:_________________________________ **Date:** _______

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