### IMPORTANT: THIS IS A LEGAL DOCUMENT. PLEASE READ CAREFULLY! RELEASE AND WAIVER OF LIABILITY

CONSENT AGREEMENT AUTI	HORIZATION AND RELEASE	
	tion and Release must be read and si	gned in order for your child and family to receive
services through Tu Nidito.		
Family Last Name(s):		
Family Members:		
Address:		
City:	State:	Zip:
WAIVER AND RELEASE	State.	
I hereby release and forever dischardiability, claims, demands and cause	es of action, of whatever kind or naturogram, service, project, activity or e	its successors and assigns from any and all re, either in law or equity, which may hereafter event sponsored, managed, arranged, or promoted
Tu Nidito with respect to any bodily participation. I also understand that	or other injury, illness, death, or pro Tu Nidito does not assume any resp	m any liability or claim that I may have against operty damage that may result from our onsibility or obligation to provide financial lth, or disability insurance, in the event of injury,
personal injury as a consequence the risks and to hold harmless Tu Nidito for personal injury and/or property of involvement with Tu Nidito. Further damage or theft of personal property <b>ART/MEDIA RELEASE</b> To communicate Tu Nidito's mission	ereof. Knowing the risks, neverthele o, its employees, Board of Directors a damage, costs, expenses, and damage er, the undersigned acknowledges that on, we sometimes want to use quotating, brochures, grant applications, new	s occur and that participants may sustain serious ss, the undersigned hereby agrees to assume those and volunteers from any and all liability, claims arising out of or connected in any way with my at Tu Nidito accepts no responsibility for the loss, ons, photos, video, stories or artwork from the sletters or trainings. The last name of the
We give our permission to	the above uses of artwork, quotation	ns, and stories.
We give our permission to	the above uses of photos or videos	
We do NOT give our perm	nission to any uses of photos, videos,	artwork, quotations, and stories.
the Release shall be governed by an event that any clause or provision of invalidity of such clause or provision. By signing below, I acknowledge the	d interpreted in accordance with the f this Release shall be held to be invan shall not otherwise affect the remanat I have read and understand this Re	elease, and agree to its provisions. I further
	gnor for the family and family memb	
Signature		Date
Witness		Data



# Tu Nidito Participation Agreement Family Last Name(s)

❖ I consent for my child(ren) and family to be enrolled in Tu Nidito's one-on-one program:

By electing these services, I acknowledge and consent to the following:

### I understand that:

- The purpose of Tu Nidito services is to provide emotional and social support to my family as we navigate our child's serious medical condition through play, art, games, structured discussions, and other activities. Tu Nidito services are individualized and designed to benefit all members of my family.
- ❖ My family has a right to participate in the development of a plan of care which reflects the psychosocial needs of my family and which will be reviewed twice yearly.
- ❖ Tu Nidito services include professional staff as well as trained volunteers.
- ❖ In order to receive the full benefit of Tu Nidito services, it is important for me to make my family's needs and concerns known to my assigned Support Specialist.
- Tu Nidito will protect the confidentiality of all members of my family, except in the case where there is a concern for danger, harm, or risk to self or others.
- \* Records are released only in accordance with applicable federal or state law that authorizes release or disclosure or with written authorization from my child's legal representative. There are no apparent risks to my children and family by receiving care from Tu Nidito.
- ❖ There is no charge for services received by Tu Nidito.
- ❖ In order to better serve my family, it is important for Tu Nidito staff to communicate with my medical team, including physicians, case managers/social workers, nurses, home health agencies, school personnel, and DCS case managers when DCS is involved. I authorize any such entity to disclose all or any part of my child's records to Tu Nidito and authorize Tu Nidito to share pertinent information with these sources.
- ❖ I can discontinue any and all aspects of Tu Nidito services at my discretion.
- My family has a right to services and care regardless of race, religion, gender, or national origin.
- ❖ I have been given ample opportunity to ask any and all questions I have concerning Tu Nidito services.
- Grievance Policy Tu Nidito clients have an opportunity for a fair hearing for grievances arising from the delivery of services including but not limited to ineligibility determination, service reduction, suspension, termination or quality of service. If you have a grievance, please contact Tu Nidito Executive Director, Liz McCusker at 322-9155. Additionally, you may contact Pima County Outside Agency as we receive partial funding for our services from the county.

		CONTINUED ON REVERSE SIDE
Tu Nidito representative	Date	
Parent/Guardian		



To qualify for grants an	d other essential funding we mu	st supply certain statistical information about the families we serve. Your
answers will be kept stri	ctly confidential.	
Family Member #1	Ethnicity:	Primary Language
Family Member #2	Ethnicity:	Primary Language
Family Member #3	Ethnicity:	
Family Member #4	Ethnicity:	Primary Language
Family Member #5	Ethnicity:	Primary Language
Family Member #6	Ethnicity:	Primary Language
Workplace(s) of parent	or primary caregiver(s):	
Health Insurance provide	der for the child(ren):	
·		
Yearly family income:		
☐ less than \$10,000		
□ \$10,000 to \$24,999		
□ \$25,000 to \$49,999		
□ \$50,000 to \$99,000		
☐ more than \$100,000		

## **Personal History Information**

First Name (answer for each participant)	Family Member(s) including diagnosed child	Medications/Allergies/Medical/ Mental Health Information