

Caregiver Consent to be Contacted for the WFI-EZ

The Indiana Division of Mental Health and Addiction (DMHA) is interested in understanding what Wraparound is like in your community.

County: Choose one... Agency Chosen on the Pick List: _____

The Division of Mental Health and Addiction wants to know how they can improve services for families like yours. Your family may be asked to help with this by answering a short survey.

If randomly selected, you will be contacted by an interviewer at the University of Washington to learn more about a survey called the Wraparound Fidelity Index (WFI-EZ). **By signing this consent form, you are agreeing to allow your contact information to be shared with The University of Washington so they can offer you the chance to provide feedback about the services you are receiving.** Signing this form does not mean you have to respond to the survey. You can decide whether or not to participate once you are contacted. Specifically, you are stating that:

- I understand that, if randomly selected to participate, Indiana DMHA will give my name, email and phone number to the University of Washington so they can reach out to me to provide me with more information about the survey. My information will not be used for any other purpose. It will be shared in a password protected file and stored on a secure server, and will be destroyed after three years.
- I understand that my agreement to have my contact information shared is voluntary and that I may refuse to sign this form or withdraw my participation at any time without it affecting my family's services.
- I understand that the information I provide will mainly be used to help improve Wraparound for me and other youth and their families, and that everything I say will be kept confidential to the maximum extent allowable by law. No one will see my name when looking at the results.
- I understand that I will receive a copy of this authorization after I sign it.
- I understand that if I want to ask more questions about the evaluation or withdraw my participation, I may contact Spencer Hensley at the University of Washington at hensleys@uw.edu or 206-616-4988.

Your name (please print): _____

Name of your child enrolled in Wraparound: _____ Age of your child enrolled in Wraparound: _____

I agree that my youth may be asked to participate in this evaluation (if over 13 years of age).

Your relationship to the child enrolled in Wraparound: _____

Telephone number(s) where you can be reached: Home _____ Other _____

Email address where you can be contacted: _____

I decline to be contacted.

Your signature: _____

Today's date: _____

Please upload this completed document with the Initial Eligibility Review, along with the Rights and Attestations form, Pick List and CANS assessment.



Division of Mental Health and Addiction

Indiana Family & Social Services Administration
Division of Mental Health and Addiction
402 W. Washington Street, Room W353
Indianapolis, IN 46204