



## Human Services, Inc.

### This is the Fiscal Forms Consent Acknowledgement for receiving mental health services at Human Services, Inc.

By signing this form, I (print name) \_\_\_\_\_, acknowledge that I am requesting mental health services for myself or for \_\_\_\_\_ (as his/her legal guardian) at Human Services, Inc. By checking and signing below, you as the consumer are agreeing that you have read/understand and been given copies of the following documents:

- I have read and understand the agency's Complaint/Information Form.
- I have read and understood the agency's Individual Responsibility for Outpatient Services Form.
- I have read and understand the agency's notice of Individual Financial Responsibility Form
- I have read and understand the agency's Civil Rights Compliance Form
- I have read and understand agency's Freedom of Choice Notification. I agree that I have entered into treatment voluntarily and have the choice to obtain mental health services from any provider that I choose. I understand that I have input into the development of my treatment plan.
- I have read and understood the agency's Notice of Privacy Practices
- I have been provided copies of Mental Health Emergency Numbers
- I have read and understood the agency's Limited English Proficiency Policy.
- I have read and understood the agency's Bill of Rights
- I have read and understood the agency's Nondiscrimination of Services
- I have been provided copies of the Behavioral/Physical Health Resources- Chester County

I understand that there will be an evaluation process to determine what mental health services will be recommended for me (or for my ward). I understand that I have input into the development of the services plan concerning what services I will receive.

Client's Signature \_\_\_\_\_ DOB \_\_\_\_\_ Date Signed \_\_\_\_\_  
Please check if signing as parent/legal guardian/Power of Attorney \_\_\_\_\_ Proper documentation must be submitted

50 James Buchanan Drive Thorndale, PA 19372  
Phone#: 610-873-1010 Fax#: 610-873-3317  
"Dedicated to Hope, Healing, and Recovery"

## Human Services, Inc VOTER REGISTRATION Questionnaire

Last Name:

First Name:

Address:

City:

State

Zip

**If you are not registered to vote where you live now, would you like to apply to register to vote here today?**

- Yes
- Yes, but I would like to take the form with me, and apply later.
- No, I am already registered to vote where I live.
- No
- I do not wish to check a box. IF YOU DECIDE NOT TO CHECK A BOX, YOU WILL BE CONSIDERED TO HAVE DECIDED NOT TO REGISTER TO VOTE AT THIS TIME.

**Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by this agency.**

**If you apply to register to vote, the office at which you submit this registration application form will remain confidential. No information relating to preference to register to vote will be used for any purpose other than for voter registration. If you would like help in filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private.**

**In order to be qualified to register to vote, you must be at least 18 years of age on the day of the next election, you must have be a citizen of the United States for at least one (1) month prior to the next election and have resided in Pennsylvania and the election district where you plan to vote for at least 30 days prior to the next election, and you must not have been confined to a penal institute for a conviction of a felony within the last five (5) years.**

If you believe that someone has interfered with your right to register or your application to register to vote, or your right to right to choose your own party preference,you may file a complaint with the Secretary of the Commonwealth, Pennsylvania Department of State, 302 North Office Building, Harrisburg, Pennsylvania 17120 or call the Department of State, toll-free at 1-877-VOTESPA (1-877-868-3772).

Print Name :  
Signature:

DOB:  
Today's Date