



**Consumer Name:** \_\_\_\_\_

**Consumer Medicaid / PeachCare#:** \_\_\_\_\_

### **Initial Assessment Consent**

The undersigned hereby voluntarily consents to an initial assessment by First Step Counseling Services, Inc. encompassing psychosocial assessments, a detailed problem evaluation, and routine diagnostic procedures.

The undersigned acknowledges that this assessment completed by First Step does not automatically deem the consumer to be eligible for services.

The undersigned will be notified of the consumer's eligibility within ten (10) business days of the assessment.

If in the event of a crisis, the undersigned may contact First Step or 911 on the consumer's behalf for referral services only while awaiting eligibility and authorization of services.

\_\_\_\_\_  
Consumer Signature (if over the age of 12)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Parent or Legal Guardian Name

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Witness Name

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date