



KID First Specialised Co-parenting Support Center (KE/HK)

Consent Form of Case Referral

I am _____ (ID No.: _____) the Father/Mother/Guardian* of _____ (Child(ren)'s name) consent to be referred to KID First Specialised Co-parenting Support Center(HK/KE)* by _____ (referring unit) for the following services:

Part A – Service items*

- Co-parenting Counseling Service (go to Part D)
- Parenting Co-ordination Service (go to Part D)
- Supervised Contact/Exchange (Please go to Part B, C and D)

Part B – Supervised Contact/Exchange (if applicable)*

- I consent to conduct the supervised contact in Kid First with consented plan as below
- supervised exchange

Mon/Tue/Wed/Thu/Fri/Sat/Sun weekly, from _____ to _____

Mon/Tue/Wed/Thu/Fri/Sat/Sun bi-weekly, from _____ to _____

_____ monthly, from _____ to _____

Other: _____

- Parents have not reached a contact plan but consent to receive co-parenting counseling/parenting coordination service for negotiation on the contact plan.

Part C - Need-to-know

1. I understand the supervised contact/exchange service will start after the completion of Service orientation and countersignature to the *Agreement of supervised contact/exchange service*.
2. Kid First will initiate discussion on the contact plan and arrangement on the need basis. The amendment on contact plan and arrangement is subject to multiparty consensus.
3. Parents will be advised to various support services for enhancing service effectiveness.

- I agree the “need-to-know” and will receive KID First Service.*
- I do not agree the “need-to-know” and will not accept Kid First Service.*

Part D - Signature

Parent’s signature: _____	Referrer’s signature: _____
Name: _____	Name: _____
Date: _____	Post/Unit: _____
	Date: _____

*Please put on correct place.