



HFS

Illinois Department of
Healthcare and Family Services

Pathways to Success Program Participation Consent Form

Youth Name: _____ **RIN:** _____ **Date of Birth:** _____

Eligibility – I understand that the youth named above has been determined eligible for the Pathways to Success program by meeting all the following eligibility requirements:

Initials

1. The youth is eligible for the Illinois Medical Assistance Program (Medicaid or AllKids);
2. The youth is under the age of 21;
3. The youth has a mental health diagnosis; and,
4. The youth’s Illinois Medicaid Comprehensive Assessment of Needs and Strengths (IM+CANS) shows the youth has needs that may benefit from the Pathways to Success services.

I understand that ongoing eligibility for Pathways to Success depends on the youth continuing to meet the above factors and will be reviewed by the Department of Healthcare and Family Services (HFS) once every 6 months.

Services – I understand the following services are available to the youth named above under the Pathways to Success program:

Initials

1. Care Coordination and Support
2. Intensive Home-Based
3. Family Peer Support
4. Respite
5. Therapeutic Mentoring
6. Individual Support Services
7. Therapeutic Support Services

My Rights – I understand that I have the following rights under Pathways to Success:

Initials

1. I have the right to request the services that meet the youth’s needs, including those offered through Pathways to Success.
2. I have the right to decline any or all the services offered to the youth and family at any time.
3. I have the right to be informed about and to choose from the necessary services, supports, and providers available to the youth through Pathways to Success.
4. I have the right to request an update to the youth’s plan of care at any time. I understand I should talk to the youth’s care coordinator about the process for requesting any updates.
5. I have the right to request and to receive a copy of the youth’s assessment and plan of care. If the youth is 12 years of age or older, the youth must consent to the release of the assessment to a third party, including the parent or guardian.



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My Responsibilities – I understand that I have the following responsibilities under Pathways to Success:

Initials

1. I am responsible for providing any information, documentation, or paperwork needed by the youth's care coordinator or HFS to assess the youth's ongoing eligibility for the Pathways to Success program.
2. I am responsible for telling the youth's care coordinator about any life changes that might impact the youth's participation in Pathways to Success within 30 days after the change happens. Important changes to tell the youth's care coordinator include changes to my or the youth's phone number or address, changes to the youth's service needs, changes to when I or the youth are available to meet, changes to the youth's Medical Assistance (Medicaid) coverage, or any changes of legal guardian or living arrangement for the youth.
3. I am responsible for actively participating in the youth's care. Actively participating includes talking to the youth's care coordinator regularly, attending child and family team meetings, participating in the assessment and plan of care process, and talking to service providers about treatment. If the youth and family stop participating in Pathways to Success for longer than 90 days, the youth may be disenrolled from the Pathways to Success program.

Attestation and Signature. I understand that participation in Pathways to Success is voluntary. I have had a chance to review this Program Participation Consent Form and to ask questions.

Please check one below:

- Accept** - I consent to the youth listed above participating in Pathways to Success.
- Decline** - I do not consent to the youth listed above participating in Pathways to Success. I am requesting the youth be disenrolled from the program. If I change my mind later, I understand I must follow the instructions for requesting a Pathways to Success eligibility determination found on the HFS website here: pathways.illinois.gov

A dated signature from the youth, if emancipated or age 18 or older, or the youth's parent/legal guardian is required below.

Youth/Legal Guardian (print name)

Signature

Date