

# THERAPEUTIC SERVICES AGENCY, INC.

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220 RAILROAD ST. S.E. • PINE CITY, MN 55063 • (320) 629-7600 • FAX (651) 925-0071

## Consent For Participation in the MCCCCA Student Data Reporting System

Therapeutic Services Agency (TSA) is engaged in ongoing data collection and evaluation of its services through the Minnesota Council of Child Caring Agencies (MCCCCA). In cooperation with youth-serving agencies throughout the state, MCCCCA collects information provided by member agencies on youth at intake, discharge and six months after discharge. A confidential satisfaction survey will also be given to you at discharge. This information does not identify children or families by name.

You and your child are invited to participate in this evaluation process so that we may better serve all children and families. The information collected will be used in summary form to improve outcomes, complete funding report requirements and advocate for services for children and families.

If you agree to participate, TSA agrees that:

1. All information collected will be treated as private. This will be assured through the use of identification numbers and publication of summary results.
2. The names of children/youth/parents will not appear on any data collection instrument and will be unknown to anyone receiving the data or in any document describing the results.
3. Participation is completely voluntary. Your decision about participation will not affect your relationship with TSA. If you decide to participate, you may withdraw this permission at any time.

If you agree to participate, you authorize TSA to:

1. Include information on your child/family in this data collection, evaluation and follow-up program. This information will not identify your child or family by name.
2. Contact you and/or the County worker or other person you identify six months after discharge for follow-up information.

\_\_\_\_\_  
Name of Child

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Signature of Child (If Appropriate)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date Revoked

\_\_\_\_\_  
Expiration Date

Please name contact persons you agree may provide update information regarding your child at six months past discharge from TSA:

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\_\_\_\_\_  
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