



## PARENT SERVICE AGREEMENT

I \_\_\_\_\_, am the parent or guardian of  
(PRINT PARENT/GUARDIAN NAME)

\_\_\_\_\_, whom I would like to enrolled in Logical  
Choice's Program. (PRINT CHILD/YOUTH NAME)

I understand the cost of my child's participation in this program is covered by funds from Wayne County Children and Family Services Donor Funding Diversion Initiative. I understand that my child is eligible to participate in this program at no cost to me because he/she meets two of the following eligibility criteria:

1. History of school truancy, suspensions or expulsions: \_\_\_\_\_
2. Home truant: \_\_\_\_\_
3. Use of alcohol, tobacco, or drugs: \_\_\_\_\_
4. I am having difficulty controlling my child: \_\_\_\_\_
5. Delinquent peer relationships: \_\_\_\_\_
6. Need of academic assistance: \_\_\_\_\_
7. Tutoring: \_\_\_\_\_
8. Mentoring: \_\_\_\_\_
9. Negative parent/youth relationship \_\_\_\_\_

**Youth referred for services under the this initiative will be considered diversion cases. The intent is to provide community-based interventions for youth and their families without developing a criminal record. No formal charges will be made, and youth and their parents/guardians will not be required to appear in court. No information about the youth will be included in the court's information system. Transportation may be available based on location, all transportation services are fully insured.**

My consent for my child to participate in this program is completely voluntary. I know I can revoke my consent to participate in this program at any time by calling **Logical Choice, LLC**. Program Project Coordinator-Kietric Jenkins at 313-643-5542, and my child can still receive services. I also understand that information about my child's participation in this program will be collected by Logical Choice Project Coordinator and compiled with those of other youth for the purpose of program monitoring and evaluation. Records of attendance and academic performance will also be collected for monitoring and evaluation of program effectiveness. This information will only be used for the purpose of evaluating the program. I have read and understand this consent form. I have been given a copy of this form to keep. By signing this form I am giving consent for my child to participate in this program.

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Person Obtaining Consent)

\_\_\_\_\_  
(Date)