

Consent Form

Date: _____

To: [Social Service Agency Name]

Address: [Agency Address]

Subject: Consent for Services

Dear [Recipient's Name],

I, [Your Name], hereby give my consent for the [Social Service Agency Name] to provide the following services:

- [Service 1]
- [Service 2]
- [Service 3]

I understand that my participation in these services is voluntary, and I can withdraw my consent at any time. Additionally, I am aware that any personal information shared will be kept confidential in accordance with [relevant laws or regulations].

If you have any questions or require further information, please feel free to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your services.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Address]

[Your Contact Information]