

COLORADO DEPARTMENT OF HUMAN SERVICES

Larimer County

AUTHORIZATION FOR HEALTH CARE

I, Angela Mead Deputy Division Manager of Children, Youth and Family Services for Larimer County Department of Human Services (LCDHS), have been delegated responsibility for the foster care placement of _____ by virtue of: (check one) (Name of Child)

- 1. A court order giving the County Department guardianship;
2. A court order giving the County Department legal custody; or
3. A placement contract with the parent(s) of said child.

I do hereby authorize _____ to consent to

- 1) Routine medical care for the prevention and treatment of illness or injury (including immunizations).
2) Mental health and substance abuse treatment, unless the child is authorized by law to authorize such treatment themselves.
3) Authorization does NOT include psychiatric medications or major surgery/procedures.
4) None of this shall prevent emergency medical care, which is authorized regardless of any provisions to the contrary.
5) No procedure deemed "elective" is authorized.

This authorization shall be in effect during the period of time the child is in the care of the facility.

Angela Mead
On Behalf of the Director, Larimer County Department of Human Services

1 1 2019
Date

Child's Caseworker _____ Phone # _____

Date _____

NOTE TO THE MEDICAL PROVIDER: When foster/kinship providers are filling out forms at your office, and the form asks for whom is financially responsible, it is not the foster/kinship provider. Children placed into out-of-home placement with LCDHS are covered by Medicaid. If there are questions, please contact the caseworker noted above or call the Hub at 970-498-6900.

* Facility refers to the child(ren)'s provider while in out-of-home placement. e.g. Foster or Kinship providers.