



Human Services
Beaufort County

Collaborative Service Coordination
**Family Representation
Authorization Form**

Return completed form to cosy@bcgov.net

Family Information:

Parent/Guardian Name: _____

Child/Youth Name: _____

Designation of Representative: I, the undersigned parent/guardian, authorize the following individual or agency to represent my family and participate in Service Planning Team Meetings on my behalf:

Representative Name: _____

Relationship to Family: _____

Agency Name (if applicable): _____

Representative Contact Number: _____

Representative Email Address: _____

Authorization & Acknowledgment: I understand that the designated representative will have access to confidential discussions regarding my family's needs and services. By signing below, I confirm that I have the authority to grant this permission and that I may revoke it at any time by providing written notice.

Parent/Guardian Signature: _____ Date: _____