



Finally Home Christian Adoption Services

Office Address: 3308 W, Kennedy Blvd., Suite A Tampa, FL 33609
 Mailing Address: 1936 Bruce B. Downs Blvd., #121 Wesley Chapel, FL 33544
 Phone: 813-777-0885
 License #100030220

FACE SHEET & CONSENT FAMILY COACHING PROGRAM

Name and Information Parent 1:			
Parent 1 Full Last Name:	Full First Name:	Full Middle Name:	
Relationship to Child(ren):	Phone Number: () -	Email Address:	
Name and Information Parent 2:			
Parent 2 Full Last Name:	Full First Name:	Full Middle Name:	
Relationship to Child(ren):	Phone Number: () -	Email Address:	
Address:			
Current Street Address, City, State & Zip Code:			
Information about Children:			
Name	Date of Birth	Relationship (Child, Step-Child, etc.)	
		Parent 1	Parent 2
	___/___/___		
	___/___/___		
	___/___/___		

I (we) hereby consent to receive Family Coaching Services from Finally Home Christian Adoption Services LLC (FHCAS). I understand that Family Coaching is not, and is not intended to replace, professional therapy and that FHCAS is not a medical, therapeutic service provider. Further, I acknowledge that I (we) have either full custody of the children listed above, or I (we) are authorized to provide full consent on behalf of the children listed above, to participate with the parents listed above in Family Coaching Services. If any of the above children require authorization or approval from another parent or third-party to provide Family Coaching Services, these individuals, agencies, organizations or court must provide authorization by either signing below or must provide other written authorization before we can begin services. It is exclusively the responsibility of the parent(s) listed above to inform FHCAS service providers of the legal need to seek additional authorization and/or approval from another parent or third-party.

Parent 1 Signature: _____ Date: ___/___/___

Parent 2 Signature: _____ Date: ___/___/___

Additional Authorization or Approval Needed: (Check One)		<input type="radio"/> Yes <input type="radio"/> No
Print Name:	Signature:	Date: ___/___/___
Describe Relationship to Child(ren) Listed Above:		

