

## Mental Health Screening Informed Consent

This form is asking for your agreement to participate in a screening questionnaire to determine if you may have mental health issues which could affect your ability to comply with public assistance requirements and may suggest it would be appropriate for you to receive an evaluation of your mental health.

If you agree to participate, you will be asked 22 questions either by computer or on paper. If you are completing the computer assisted version, I will show you how to use the computer and complete the questionnaire. If you are completing a paper version, you will read and answer the questions on a piece of paper, or I can ask you the questions and record the answers for you. Completing the screening is expected to take about 20 minutes or less.

### What You Should Know

1. Participation in this screening is voluntary. You can decide to not participate. You may choose to stop the screening at any point before you finish.
2. Any services or benefits that you are receiving **will not** be affected if you choose not to participate in the screening.
3. If you participate, information you provide will be kept confidential except if any of your answers suggest that you may intend to hurt yourself or someone else, I must follow the procedures of this office to seek help.
4. Completing this screening tool will not tell you if you have a mental health problem, only suggest whether a follow up mental health evaluation is appropriate.
5. If you complete the screening and your score indicates that you should be referred for a mental health evaluation, you will be required to comply with an evaluation. If you do not comply with the requirement to obtain a mental health evaluation without good cause, it could result in a loss of your public assistance benefits.
6. If you think that you might have mental health problems that are affecting your ability to work, you can tell the social services district at any time. The district may then require you to cooperate with efforts to determine your employability, including referral for evaluation by a mental health professional. Failure to comply with a health evaluation, without having good cause, may result in the loss of your public assistance benefits.

**Agreement to Participate:** I have read or have had explained to me, the information above regarding participating in the mental health screening, and voluntarily consent to participate in the mental health screening. I understand that I may withdraw my consent at any time before I complete the screening.

Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_