



PROVISION OF VOLUNTARY ADULT PROTECTIVE SERVICES

Client Name: _____

FSFN #: _____

I, _____, am a vulnerable adult as defined in Chapter 415, Florida Statutes. I understand my needs, my living conditions, and my personal circumstances.

OR

I, _____, am the caregiver/guardian of a vulnerable adult as defined in Chapter 415, Florida Statutes. I understand his/her needs, living conditions, and personal circumstances.

Therefore, I am:

Requesting and specifically consenting to the Department of Children and Families providing and/or arranging for the provision of protective services;

Refusing the assistance of, or any intervention by, the Department of Children and Families and hereby specifically refuse to consent to the provision of protective services.

I have read and understand this form. This the ____ day of _____, ____.

I am unable to read and this form has been read and explained to me prior to signature. This is the ____ day of _____, ____.

Client's Signature or Mark

Witness

Witness

Caregiver's/Guardian's Signature

Witness

Witness