

Client Initials:      **DOB:**  
 Initial    Update    Reassessment  

**IM+CANS SIGNATURES**

By signing this you agree that you have participated in the mental health assessment and treatment planning process and have been given a copy of the completed IM+CANS. You agree that you have had a chance to review the IM+CANS in full, and that the contents have been explained to you in a language that you understand. You understand the risks and benefits of the services outlined in the treatment plan and consent to the services as outlined in this plan. **Please document if a youth 12 years of age or older refuses to sign.**

**CLIENT SIGNATURE (required for all clients 12 years of age or older)**

Client (print name)	Signature	Date (mm/dd/yyyy)	<b>PARENT/LEGAL GUARDIAN SIGNATURE</b>	Parent/Legal Guardian (print name)	Signature	Date (mm/dd/yyyy)
---------------------	-----------	-------------------	--	------------------------------------	-----------	-------------------

**STAFF RESPONSIBLE FOR IM+CANS DEVELOPMENT, REVIEW, AND MODIFICATION SIGNATURE**

Staff Completing (print name)	Credentials	<b>LPHA Authorizer (print name)</b>	Credentials
Signature	Date (mm/dd/yyyy)	Signature	Date (mm/dd/yyyy)