

**PREVENTION AND EARLY INTERVENTION (PEI) DIVISION  
PIERS SERVICE AUTHORIZATION FORM  
(\*INDICATES REQUIRED FIELD)**

**Program**

- Community Based Child Abuse Prevention (CBCAP) – Fatherhood
- Community Based Child Abuse Prevention (CBCAP) – Family Self-Sufficiency and Support
- Community Youth Development (CYD)       Healthy Outcomes through Prevention and Support (HOPES)
- Help through Intervention and Prevention (HIP)
- Military Families and Veterans Prevention Program (MFVPP)       Services to At-Risk Youth (STAR)
- Statewide Youth Services Network (SYSN)
- Texas Home Visiting - MIECHV       Texas Home Visiting - State
- Texas Nurse Family Partnership

Contract ID No.	Subcontractor	Workflow	Enrollment ID No.
Planned Service Frequency <input type="checkbox"/> Less than 1x Month <input type="checkbox"/> 1x Month <input type="checkbox"/> 2x Month <input type="checkbox"/> More than 2x Month	Enrollment Start Date	Service Start Date	
Staff Assigned to Family	Name of Person Completing Intake	Data Entry Staff Name and Data Entry Date	

**AUTHORIZATION FOR SERVICE**

I have been provided information on the referenced Prevention and Early Intervention Program and wish to receive services. I understand that data on my child/youth/family will be collected, maintained, and entered into a secure database. The information will be utilized to track services for evaluation purposes and to ensure quality services are being provided. I hereby authorize my child/youth/family to participate in the program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent or Guardian

\_\_\_\_\_  
Index Child/Youth Name

*Authorization for Service must be completed per Index Child/Youth at enrollment and annually.*