



A Full Service, Licensed Child Placing Agency

### COUNSELING DENIAL FORM

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I, \_\_\_\_\_ Have chosen NOT to receive  
 any counseling for the following reasons: \_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

However, I do realize that if in the future I may need counseling, I am  
 entitled to three face to face counseling sessions. And if still needed, I may  
 receive more counseling if I feel I will benefit from it.

\_\_\_\_\_

Signature of Birth Parent

\_\_\_\_\_

Date