



North Carolina Department of Health and Human Services | Division of Social Services  
Consent/Authorization Form for a Clinical Assessment of Protective Parenting (CAPP)

I hereby authorize \_\_\_\_\_ to perform a Clinical Assessment of  
(Name of rostered CAPP provider)

Protective Parenting (CAPP) and to disclose to \_\_\_\_\_ the following:  
(Name of county department of social services)

- Clinical assessment of factors related to risk and mitigation of risk
- Results and clinical interpretation of validated tools and measures
- Recommendations for further intervention and resource provision

I acknowledge that this assessment:

- Is used in the determination of child maltreatment and is a component of a NC CPS Assessment.
- Is part of the confidential CPS record. The child welfare agency that requested the CAPP is the entity responsible for determining to whom the report should be released.

Furthermore, I understand that, as the parent/legal guardian of children I will not have access to the CAPP report, but limited information can be shared with me and/or my treatment provider for ongoing treatment or service delivery such as:

- Clinician findings and recommendations

\_\_\_\_\_  
Printed name of parent/guardian      Date      Nature of authority (i.e.: parent, guardian, custodian)

\_\_\_\_\_  
Signature of parent/guardian

**(To be completed by the referring county DSS)**

The provider listed above is authorized to claim reimbursement in accordance with the Purchase of Service Contract for the services, provided that child is the subject of an open CPS Assessment and a county DSS has referred the parent/caretaker for a CAPP.

Case open for CPS Assessment (Service Code 210 and 212):  YES     NO

County: \_\_\_\_\_

I authorize the referral for the above-named parent/caretaker to receive a CAPP at the request of \_\_\_\_\_  
County DSS.

\_\_\_\_\_  
Signature of county DSS representative

\_\_\_\_\_  
Date