



Wellspring Second Chance Center
2134 44th Ave. N.
Minneapolis, MN 55412
Tel: 612-296-2895 Fax: 612-208-1186

Consent for Services

I, _____ have read and understand the information about the policies of Wellspring Second Chance Center.

Therefore, I hereby request services and consent to mental health treatment, psycho-educational programming, psychological assessments, financial literacy, restorative practices, mindfulness, domestic violence survivor / offender programming, anger management, SNAP and/ or trauma recovery services deemed necessary.

I, _____, in agreement with the information provided in the policies document, do hereby request mental health services / psycho-educational services from Wellspring Second Chance Center. I understand that the services requested are fully voluntary and / or court ordered and that I may withdraw this consent and terminate the services at any time.

Client's Full Name: _____ Date: _____
Signature: _____ Date: _____

Provider 's Full Name / Title: _____
Signature: _____ Date: _____
