THERAPEUTIC SERVICES AGENCY, INC.

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INTERNET/COMPUTER USE PERMISSION FORM

Clien	t: DO	B:
(at the specific regard families)	e foster home, library, et cetera). Pleas fied child on this form and indicate which d to their exposure to the computer and/or i	mputers and/or internet use while in placement e review the options below in regards to the option best meets the needs for the child with nternet. Please note that some of TSA's fosters with internet, and other families do not have
all clic disclo are a	ents in the Adolescent Treatment Programsing personal or identifying information or	accessed in a responsible and safe manner by n. "Responsible and safe" is defined as 1) not n the world wide web, 2) viewing websites that ctations/limitation of use as outlined below, ome for computer/internet use.
Pleas	e initial and checkmark the option chose	en.
	Is able to use computer and internet	
	Is able to access MySpace	
	Is able to use computer only for school purposes with adult supervision (word processing, some internet use for educational purposes)	
	Is able to use ONLY computer for word processing NOT internet	
	Is NOT able to use computer or internet options	
Parent/Guardian Signature		Date
Client		Date