Department of HUMAN SERVICES

Money Follows the Person
Guardian Consent to Participate in Transition Planning

I, _____, as guardian for _____,
(Guardian) (Name of facility resident)

(hereinafter "protected person") affirm my support for a transition planning process that is intended to

result in his/her transition from _____ to a private residence
(Facility Name)

in his/her community of choice. My signature below indicates my commitment to provide timely, substantive support for the planning process by (1) reviewing and responding as requested to information and monthly reports on the planning process, and (2) responding in good faith to requests for written consent to such actions as are required for effective planning, including the release of case file information on the protected person, contacts with and active engagement of community providers and other individuals of the protected person's choosing in the planning process, supervised visits by the protected person to his/her community of choice, and short term trial stays by the protected person in his/her community of choice under the care and supervision of an authorized community provider.

This consent does not constitute authorization for any of the actions listed in (2), above, and does not constitute consent to transition by the protected person to community living.

I understand that I may revoke this consent at any time by contacting in writing the Transition Specialist working with the projected person, _____,
(Transition Specialist)

and that revocation would take effect immediately. In any event, this authorization will automatically expire **one year from the date of my signature**, or, if applicable, upon the termination of my legal authority to act on behalf of the facility resident named above.

_____ _____
Guardian Date