

1915(i) Plan of Care Member and Care Coordinator Signatures & Acknowledgements

Member Acknowledgement	
<p>I have helped create or review and update my Person-Centered Plan of Care and participated to the best of my ability. I agree with what is written in my plan. I was told of my right to be free of abuse, neglect, exploitation, and the use of restraints.</p> <p>My care coordinator has given me information on my rights and responsibilities. I understand my rights and/or have someone I trust who can help me understand them. If applicable, I agree to the settings modifications specified in this plan. I understand that my plan will be reviewed every three months and that I can ask for it to be reviewed sooner.</p> <p>I was given a choice of services and providers and understand I have the right to request a change in services or providers at any time. This plan can be shared as necessary to provide my services.</p> <p>I give permission for my insurance information to be submitted for billing purposes as needed.</p> <p>I know to talk to my care coordinator if I want to change my services or what is in my Person-Centered Plan of Care.</p>	
Member Signature	
Member printed name:	
Member Signature:	Date:
Parent/Legal Guardian printed name:	
Parent/Legal Guardian Signature, if applicable:	Date:
Care Coordinator Attestation	
<p>I attest this member's plan of care was developed or reviewed and updated with the above listed member and in accordance with 1915(i) policies and procedures.</p>	
Care Coordinator Signature	
Care Coordinator printed name:	
Care Coordinator Signature:	Date: