

## **Money Follows the Person Self-Termination Statement**

I, \_\_\_\_\_, am choosing to terminate my participation with the Money Follows the Person program effective on \_\_\_\_\_.

Signature

Date

Signature of Transition Coordinator

Date

\*This document was developed under grant CFDA 93.779 from the U.S Department of Health and Human Services, Centers for Medicare & Medicaid Services. However, these contents do not necessarily represent the policy of the U.S. Department of Health and Human Services, and you should not assume endorsement by the Federal Government. Award# ILICMS030171/01