



MONEY FOLLOWS THE PERSON (MFP)

CONSENT TO DISCUSS MFP CASE

I hereby authorize staff of the Money Follows the Person (MFP) program to share information regarding my MFP case with the following people:

Full Name: _____

Relationship: _____

Full Name: _____

Relationship: _____

Full Name: _____

Relationship: _____

Full Name: _____

Relationship: _____

I understand that I may cancel this consent at any time but that cancelling it will not affect any information which has already been shared.

I understand that I do not have to sign this form and that I should sign only if I want MFP to share information with designated individuals.

SIGN HERE

Signature: _____

Date: _____

Relationship to Client : _____

Witness: _____

Date: _____