

**DOCUMENTATION FOR
AUTHORIZATION OF SHARED STAFF
AND RELEASE OF INFORMATION**

We the undersigned participants of the New Opportunities Waiver (NOW), Children's Choice Waiver (CC), and Residential Options Waiver (ROW) hereby agree to use shared supports as identified on our support plans:

SERVICE:	PROVIDER AGENCY:
Individualized and Family Support-Day or Night	
Community Living Supports	
Family Support	
Skilled Nursing Services	

We further understand that we have the right to refuse this service at any time, but must notify the participant with whom services are being shared within a timely and courteous manner, that the sharing of supports will be discontinued. In addition, we agree that we must notify our support coordinator within a timely fashion if we discontinue our shared support.

We give permission for our names to be used in the support plan, progress notes, provider service plan, etc. of the other individuals with whom we will share. These individuals are named in our support plans and on the Participant Signature Page.

We understand that permission to release this information may be canceled at any time, except when information has already been released.

NOTE TO SUPPORT COORDINATORS:

This signed authorization must accompany submission of each individual's support plan documentation, including the budget page, to the LGE office.

Support plans for persons who share waiver services must be reviewed at the same time by the LGE office. Thus, support plans and plan revisions for all persons sharing must be submitted concurrently.

PARTICIPANT SIGNATURE PAGE

Page ____ of ____

Participant's Name (Print):

DOB:

Signature of Waiver Participant or Authorized Representative

Date

Signature of Support Coordinator

Date

Participant's Name (Print):

DOB:

Signature of Participant or Authorized Representative

Date

Signature of Support Coordinator

Date

Participant's Name (Print):

DOB:

Signature of Participant or Authorized Representative

Date

Signature of Support Coordinator

Date