

## Money Follows the Person

### Consent to Begin Transition Planning

I, \_\_\_\_\_, give my consent to \_\_\_\_\_,  
(Consumer, parent, guardian, legal representative) (Transition specialist)  
to begin transition planning for \_\_\_\_\_, who will have the  
(ICF/ID resident)  
opportunity to take part actively in planning and decision-making related to the proposed move  
from \_\_\_\_\_ to \_\_\_\_\_, and who  
(ICF/ID) (County/community of choice)  
will have final authority in the following decisions: (i) Composition of the Individual Development  
Team (IDT) assisting him/her/me in transition planning; (ii) Choice of community and qualified  
residence; (iii) Choice of all service providers; (iv) Choice of daytime activities; (v) Choice of  
roommates; (vi) Choice of transition specialist. I understand that the IDT is likely to include  
(subject to consumer choice) family or friends, ICF/ID staff, a representative of the county of  
choice, and service providers deemed capable of providing services needed for successful  
community living.

I understand that the transition specialist will share resident case file information with IDT  
members as appropriate, and will obtain confirmation of eligibility for Medicaid and other  
essential supports as necessary. I understand that records to be released MAY INCLUDE  
material that is protected by federal law and that is applicable to EITHER mental health  
information or drug/alcohol information or BOTH. My signature authorizes **the release of all  
such information.**

I commit to participate in the planning process as necessary and in good faith. I understand that  
I can end the transition planning process at any time simply by notifying the transition specialist.

This signed consent is for planning purposes only and does not constitute consent to transition.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Relationship \_\_\_\_\_