

Medical Day Care Services Waiver
Voluntary Consent to Transfer Form

I, _____ currently attend
(Participant's Name, MA #)
_____ and would like to transfer to
(Day Care Center)
_____. I anticipate beginning
(Day Care Center)
attendance on or about _____
(Date)

I authorize the release of the following documents to the day care center to which I am transferring:

1. A copy of my most recent level of care determination.
2. A copy of my Freedom of Choice Consent Form.
3. A copy of my current service plan.
4. A copy of my current plan of care.
5. A copy of my current physician's order.
6. A copy of my STEPS assessment, if it has been completed within the last six months.

Participant's or Authorized Representative Signature Date

Print Name of Admitting Center's Authorized Staff

Admitting Center's Authorized Staff's Signature Date

Admitting Center's Contact Telephone Number