



## Verbal Consent Waiver for Home and Community Based Waiver Program

Client Name: \_\_\_\_\_

Case Number: \_\_\_\_\_

Date of Call: \_\_\_\_\_ Time: \_\_\_\_\_

Guardian Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Caller Name: \_\_\_\_\_

Title: \_\_\_\_\_

I, \_\_\_\_\_ placed a call to \_\_\_\_\_ to obtain verbal consent for participation in the Home and Community Based Waiver Program. I explained that through the additional funds provided through this program, we are able to provide quality active treatment for their ward. I also explained that this does not change residential or day program treatment. In fact, the form they will be signing every year is a summary of the Individual Plan of Service.

I also suggest they call Shannon Clevenger at 517-789-1200, if they have any questions. I reminded \_\_\_\_\_ that we need written consent signed and returned as soon as possible after receiving it by mail. I asked them to please have a witness sign.

Consent Obtained

Consent Denied

Signature and Title of Caller: \_\_\_\_\_

Date: \_\_\_\_\_

Signature and Title of Witness: \_\_\_\_\_

Date: \_\_\_\_\_