

DOCUMENTATION FOR AUTHORIZATION OF SHARED STAFF AND RELEASE OF INFORMATION FOR NEW OPPORTUNITIES WAIVER (NOW)

We the undersigned participants of the New Opportunities Waiver (NOW) hereby agree to utilize shared supports as identified on our support plans:

SERVICE	PROVIDER AGENCY
Individualized and Family Support-Day	
Individualized and Family Support- Night	
Community Integration Development	
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, it is agreed 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 OCDD Regional Office.

Support plans for persons who share NOW services must be reviewed at the same time by OCDD Regional Office personnel. Thus, support plans and plan revisions for all persons sharing must be submitted concurrently.

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RELEASE OF INFORMATION FOR NEW OPPORTUNITIES WAIVER
(NOW)**

PARTICIPANT SIGNATURE PAGE

Page ____ of ____

NOW Participant's Name (Print):	DOB:
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Signature of NOW Participant or Authorized Representative

Date

Signature of Support Coordinator

Date

NOW Participant's Name (Print):	DOB:
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Signature of NOW Participant or Authorized Representative

Date

Signature of Support Coordinator

Date

NOW Participant's Name (Print):	DOB:
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Signature of NOW Participant or Authorized Representative

Date

Signature of Support Coordinator

Date