

## **Consent for Medical Services Instructions**

*(For Unlicensed Settings with CLS and Licensed Adult Foster Care Homes)*

Case Managers and RNs use this form for persons who live in unlicensed settings with CLS supports (such as Facilities Board homes, Blanchard Road, Summerton and Airport Road) and licensed adult foster care homes. The purpose is to minimize delays in obtaining care in case of emergencies, and to facilitate provision of routine medical and dental services for persons whose guardians are not readily available and/or live far away.

The form would generally be completed at intake, as residential changes occur, and annually at the time of the Person-Centered Plan. The signed original is filed in the CMHCM file and a copy is kept at the person's residence.

The form is fairly self-explanatory:

- The first section is consumer identification information
- The second section identifies the persons/organizations being authorized
- The third section contains three items that the consumer/guardian can select to authorize by checking the box
- The final section is for the consumer/guardian and witness signatures.