

Appendix D: Informed Consent

**State of Connecticut
Department of Social Services
Money Follows the Person Rebalancing Demonstration
Informed Consent**

You should know that:

You will be part of a demonstration that offers services to live in the community previously unavailable in the State of Connecticut;

This is an important project that will help many others move to the community;

If you join the project you may be eligible for demonstration services such as:

- Services to help you find a home,
- Services to help coordinate your move,
- Funds to help make your home wheelchair accessible, and
- Funds to help cover costs of your move to the community that may otherwise not be covered by Medicaid;

These services can help you;

You may change your mind at any time;

Mathematica Policy Research and University of Connecticut have been hired to evaluate the Project;

The Department of Social Services will provide information to them so they can evaluate the demonstration;

If you are in the Project, someone from Mathematica or University of Connecticut may contact you to answer survey questions; and

Any information collected by Mathematica or University of Connecticut will be confidential and used only for evaluation purposes.

COMPLAINTS

Contact Dawn Lambert, Department of Social Services, Medical Care Administration, Money Follows the Person Demonstration; 25 Sigourney Street; Hartford, CT; 06106; or by email at Dawn.Lambert@ct.gov; or by telephoning 1-800-424-4897.

CONSENT

By signing this informed consent, you agree to participate in the Money Follows the Person Rebalancing (MFP) Demonstration. You be given a signed copy of this consent form to keep.

MFP PARTICIPANT	
Participant Signature:	
Date Signed:	
Address:	
Telephone: ()	

MFP LEGAL GUARDIAN/CONSERVATOR	
Guardian/Conservator Signature:	
Date Signed:	
Address:	
Telephone: ()	

CASE MANAGER/SOCIAL WORKER/CARE PLANNER ACKNOWLEDGEMENT	
I have read and explained this document to the applicant. I believe that he/she (or the guardian/conservator, if signed) understood the document.	
Signature:	
Date Signed:	
Address:	
Telephone: ()	