

Guardian / Family Response to IHP Notification

You are invited to attend the IHP meeting at **RHC, Location** ,on **Date of Meeting** on **Day of Meeting** at **Time of Meeting (please indicate AM or PM)**. We welcome your written comments and suggestions. Feel free to add pages or write a letter. Your reply will be discussed at the meeting with the interdisciplinary team. These forms and your letter will become part of the record.

Do you plan to attend the IHP meeting? Yes No

If no, would you like a "phone conference" IHP meeting? Yes No

Would you prefer to have the meeting time or date changed? Yes No

If yes, please contact **HPA Name**, Habilitation Plan Administrator, at **Phone Number (with Area Code)**.

Community Placement

Per our regulations through Center for Medicaid Services (CMS), we are required to discuss plan for discharge at least annually and begin to plan for a less restrictive environment.

Do you wish to consider community placement? Yes No

Would you like to discuss this with the Transition Coordinator? ... Yes No

Questions and/or Concerns

Are there other concerns you want to discuss at the IHP meeting or any additional comments or questions?

GUARDIAN / FAMILY SIGNATURE

DATE

NAME:

DSHS NUMBER:

LIVING UNIT:

BIRTHDATE:

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