

**Revocation of Informed Consent  
to Participate in the  
Louisiana Money Follows the Person (MFP) Rebalancing Demonstration**

**Purpose:**

You signed an *Informed Consent to Participate in the Louisiana MFP Rebalancing Demonstration PARTICIPANT SIGNATURE FORM* which allowed the MFP Rebalancing Demonstration staff and local agencies to begin transition proceedings that support you to move from the institution where you are now living into a qualified home and community-based living setting. Eligibility for transition through the demonstration is dependent upon residence in a qualified institution (nursing facility, ICF/DD or hospital) and meeting criteria established in Louisiana's Operational Protocol. For some reason it has been established that you no longer want to participate in or qualify for the Louisiana MFP Rebalancing Demonstration transition opportunity.

**Signature of Medicaid Recipient:**

By signing this form, I agree that I have:

1. Read and understand the information provided above.
2. Been given an opportunity to ask questions and clarify the Louisiana MFP Rebalancing Demonstration transition opportunity.
3. Discussed the fact that at some date in the future I may seek re-entry into the Louisiana MFP Rebalancing Demonstration transition opportunity. The Demonstration will go on from May 1, 2007 through September 30, 2016.
4. Agreed **not to participate** at this time in the Louisiana MFP Rebalancing Demonstration transition opportunity.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

**Signature of Legally Authorized Representative:**

By signing this form, I agree that the above mentioned individual will **not participate** at this time in the Louisiana MFP Rebalancing Demonstration transition opportunity.

\_\_\_\_\_  
Signature of Legally Authorized Representative

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

Relationship to Participant (if Signed by Legally Authorized Representative): \_\_\_\_\_

**Signature of Witness (required):**

\_\_\_\_\_  
Signature of Witness (required)

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

 **My Place Participant -- MFP Demonstration**