|  |  |
| --- | --- |
| Person’s Name (First MI Last):       | Record #:       |
| **Organization Name:**  |
| **Legal Status Addendum** |
| **Rep Payee**: [ ] No [ ] Yes **Name/Agency**:      **Relationship to Person:**       | **Phone #:**       |
| **Legal Guardian**: [ ] No [ ] Yes **Name**:      **Relationship to Person:**      **Type**: [ ]  Full Guardianship [ ] Roger’s Guardian [ ] Medical Guardian **[ ]** Permanent **[ ]** Temporary (Explain):       | **Phone #:**       |
| **Conservatorship**: [ ] No [ ] Yes **Name/Agency**:      **Relationship to Person:**       | **Phone #:**  |

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| **Provider - Print Name/Credential:**      | **Date:**      | **Supervisor - Print Name/Credential** (if needed):      | **Date:**      |
| **Provider Signature:**      | **Date:**      | **Supervisor Signature** (if needed):      | **Date:**      |
| **Person’s Signature** (Optional, if clinically appropriate):      | **Date:**      | **Parent/Guardian Signature** (If appropriate):      | **Date:**      |