|  |  |  |
| --- | --- | --- |
| 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:** |