



RALPH SCOTT
LIFESERVICES, INC.

Serve • Support • Empower

Thank you for your interest in Ralph Scott Lifeservices. Enclosed you will find the RSL Notice of Privacy Practices and an application for services. When complete, you may mail it back, fax it back or drop it off at the RSL office. If you have any questions regarding completing the application or any of the services we provide, please feel free to call:

Aftan Freeman-Winters
Assistant Director for QA and Admissions
(336)227-1011 ext. 18
(336)226-6465
aftan@rsli.org



RALPH SCOTT LIFESERVICES, INC.

Serve · Support · Empower

APPLICATION FOR ADMISSION RALPH SCOTT LIFESERVICES

DATE OF APPLICATION: _____

I. IDENTIFYING INFORMATION

1. Demographics

Application's Full Name: _____

Present Address: _____

Present Telephone Number: _____

Date of Birth: _____

Place of Birth: _____

Social Security Number: _____

2. Type of service requested

Group Home Living

Apartment/Independent Living

Day Program

3. List members of immediate family, current address, and phone number

NAME	ADDRESS	PHONE NUMBER	RELATION
1.			
2.			
3.			
4.			
5.			

4. List individuals to be notified in case of an emergency

NAME	ADDRESS	PHONE #	RELATION
1.			
2.			
3.			

5. Why are services being requested?

6. Does this individual have a legal guardian? YES (attach a copy of guardianship document.) NO

If so, give name, address and number _____

II. FINANCIAL INFORMATION

1. List all personal income at the time of application (residential applicants only)

SOURCE OF INCOME	AMOUNT	FREQUENCY

2. Personal Property (list location, value, & identifying numbers-residential applicants only)

Checking Accounts: _____ n/a

Savings Accounts: _____ n/a

Real Estate: _____ n/a

Stocks/Bonds: _____ n/a

Insurance: _____ n/a

Burial Benefits: _____ n/a

III. SOCIAL HISTORY

1. Education (include highest level obtained)

2. Special Education and or Trainings (give dates and locations)

3. Work Experience

Employer/Location	Position/Duties	Dates Employed	Reason for Termination

4. Residential History

Location	Move-in & Move-out Dates	Reason for Leaving

5. Has this applicant ever had children, if so, list their name, age, and current location?

Yes No

Name	Age	Current Location

6. Please list the people who are most important in the applicant's life.

NAME	ADDRESS	PHONE NUMBER	RELATION
1.			
2.			
3.			
4.			
5.			

7. What are the family's plans for involvement with the applicant, if he/she is accepted for admission?

8. What are the family's plans if trial placement for this individual is unsatisfactory?

9. What are the applicant's feelings about receiving services from Ralph Scott Lifeservices?

5. Has this applicant ever been treated in a mental health center?

Yes No

MH Center	Location	Dates

6. List any unusual behavioral habits or activities which might call for special attention. (wandering, boundaries, taking things, up at night).

Behavioral habit or activity	Frequency

7. Briefly describe applicant's methods of communication and or interaction with other individuals.

8. Does the applicant recognize and respond to danger or unsafe conditions? If so please give an example.

Yes No

V. PHYSICAL CAPABILITIES/LIMITATIONS

1. Impairments and Prosthetics

Physical Impairments	Prosthetic Devices

2. Mobility-check level of mobility for each body part.

Body Part/Action	Mobility
Walking	Full Mobility <input type="checkbox"/> Some Mobility <input type="checkbox"/> Very little Mobility <input type="checkbox"/> No Mobility <input type="checkbox"/>
Bending	Full Mobility <input type="checkbox"/> Some Mobility <input type="checkbox"/> Very little Mobility <input type="checkbox"/> No Mobility <input type="checkbox"/>
Sitting Up	Full Mobility <input type="checkbox"/> Some Mobility <input type="checkbox"/> Very little Mobility <input type="checkbox"/> No Mobility <input type="checkbox"/>
Arms	Full Mobility <input type="checkbox"/> Some Mobility <input type="checkbox"/> Very little Mobility <input type="checkbox"/> No Mobility <input type="checkbox"/>
Legs	Full Mobility <input type="checkbox"/> Some Mobility <input type="checkbox"/> Very little Mobility <input type="checkbox"/> No Mobility <input type="checkbox"/>
Hands	Full Mobility <input type="checkbox"/> Some Mobility <input type="checkbox"/> Very little Mobility <input type="checkbox"/> No Mobility <input type="checkbox"/>
Fingers	Full Mobility <input type="checkbox"/> Some Mobility <input type="checkbox"/> Very little Mobility <input type="checkbox"/> No Mobility <input type="checkbox"/>

3. Activities of Daily Living-check level of ability or assistance needed for each activity.

Activity	Ability
Feed Self	Independent <input type="checkbox"/> Verbal assistance <input type="checkbox"/> Physical assistance (some) <input type="checkbox"/> Full Physical Assistance <input type="checkbox"/>
Prepare small meal (sandwich, cereal)	Independent <input type="checkbox"/> Verbal assistance <input type="checkbox"/> Physical assistance (some) <input type="checkbox"/> Full Physical Assistance <input type="checkbox"/>
Use microwave	Independent <input type="checkbox"/> Verbal assistance <input type="checkbox"/> Physical assistance (some) <input type="checkbox"/> Full Physical Assistance <input type="checkbox"/>
Bathe Self	Independent <input type="checkbox"/> Verbal assistance <input type="checkbox"/> Physical assistance (some) <input type="checkbox"/> Full Physical Assistance <input type="checkbox"/>
Dress Self	Independent <input type="checkbox"/> Verbal assistance <input type="checkbox"/> Physical assistance (some) <input type="checkbox"/> Full Physical Assistance <input type="checkbox"/>
Groom Self (hair, deodorant, lotion)	Independent <input type="checkbox"/> Verbal assistance <input type="checkbox"/> Physical assistance (some) <input type="checkbox"/> Full Physical Assistance <input type="checkbox"/>
Toilet (knowing or alerting someone)	Independent <input type="checkbox"/> Verbal assistance <input type="checkbox"/> Physical assistance (some) <input type="checkbox"/> Full Physical Assistance <input type="checkbox"/>
Cleans self after toileting	Independent <input type="checkbox"/> Verbal assistance <input type="checkbox"/> Physical assistance (some) <input type="checkbox"/> Full Physical Assistance <input type="checkbox"/>
Make Bed	Independent <input type="checkbox"/> Verbal assistance <input type="checkbox"/> Physical assistance (some) <input type="checkbox"/> Full Physical Assistance <input type="checkbox"/>

7. Interest and Hobbies

Interest	Hobbies

8. Please list areas in which the applicant is currently being trained in, ideas for future training, and behavioral areas that need to be improved.

Current Training
Example: washing hands

Future Training
Example: wash hair

Behavioral Concerns that need Improvement
Example: medication refusals

I hereby apply for admission to the program operated by Ralph Scott Lifeservices, Inc. I agree to abide by all rules and regulations pertinent to this program and understand that any violation of rules and/or regulations may result in my discharge from the program. I am making this application freely and without coercion.

Signature/ Mark of Applicant:	
Witness Signature (parent or guardian):	
Date application completed:	

This application must be accompanied by a recent psychological report. The psychological report is to be no older than one year from the date of completion of this application. If accepted for admission into Ralph Scott Lifeservices, Inc. an additional report of medical examination will be required. The submission of this application is no guarantee of acceptance for admission.

The information provided by this application is confidential and will be used only in the best interest of the Applicant.

For Office Use Only:

Application Received on: _____

Date of Approval by
Ralph Scott Lifeservices, Inc.: _____

Date of Entry into
Program: _____

Keep for your records

Ralph Scott Lifeservices, Inc.
NOTICE OF PRIVACY PRACTICES
Revised to reflect the 2013 HIPAA/HITECH Omnibus Final Rule

Effective July 15, 2014

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE, REVIEW IT CAREFULLY.

Ralph Scott Lifeservices values your privacy, and we are committed to protecting personal information, including protected health information that we collect in order to serve you better in our program.

The collection, use, and disclosure of certain nonpublic information are regulated by law [45 CFR 164.520 and NCGS 122C 52-56].

This notice is for your information only and requires no action on your part. It will inform you about the types of information we collect and how it may be disclosed. ***This does not reflect a change in the way we have handled your information in the past.***

Protected health information (PHI) means any health information about you that identifies you or for which there is a reasonable basis to believe the information can be used to identify you.

This notice also will tell you about your rights and our duties with respect to the health information about you. In addition, it will tell you how to complain if you think we have violated your privacy rights.

EXAMPLES OF INFORMATION WE COLLECT

We collect information about you from the following sources:

- applications and/or other forms completed by you;
- information from the COC, the MCO, and the Department of Social Services,
- information we learn from providing services to you;
- information from doctors and hospitals related to your health care;
- information about your income from employers, Social Security Administration;
- information about your finances from banking institutions; and
- information from previous service providers.

INFORMATION WE DISCLOSE

We will disclose only protected health information with your (or your guardian's, if applicable) written consent, and as permitted by law without your consent, to others as necessary. We disclose the information for a number of different purposes. They are described below.

For Service Provision

For example, we may disclose information to the following types of third parties:

- your parents or guardian,
- your doctors, nurses, or hospital,
- Qualified Professionals,
- psychologists and other support professionals,
- social workers,
- direct support staff,
- your day program,
- the COC or MCO,
- others requested or authorized by you.

We may share this information in order to coordinate needed services, such as the coordination of residential and day services. We also may share information to plan for your services and to train our staff. We may use the information for managing our organization more efficiently, for accreditation, for licensing, or for continuing quality improvement.

For Payment

We may disclose information about you so we can be paid for the services we provide to you. This can be Medicaid, the COC, the MCO, or other third party payor. We may disclose information in order to be reimbursed and in order to determine your eligibility for services.

For Service(s) Selection

Any use and disclosure of protected health information about you by us to communicate about RSL services to aid in your service selection will be done only with your written authorization. Further, we do not sell information or otherwise make our list of program participants available to outside entities.

RSL Directory

We may include your name, the location of your residence, your condition described in general terms, and your religious affiliation in our directory while you receive services. This information, except for your religious affiliation, may be released to people who ask for you by name. Your religious affiliation may be given to members of the clergy, such as a minister, priest, or rabbi. If you want to restrict the information we include in the directory, you must notify the President/CEO of Ralph Scott Lifeservices of your objection.

Business Associates

We may disclose Health Information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, we may use another company to perform billing services on our behalf. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

Disaster Relief and/or Medical Emergency Personnel

We may use or disclose protected health information about you to a public or private entity authorized by law or by its charter to assist in disaster relief efforts.

Required by Law

We may use or disclose protected health information about you when we are required to do so by law. This may include orders from

- law enforcement,
- Department of Social Services
- Public Health Department,
- State regulatory agencies,
- legal system (summons or subpoena), or
- those agreed to by you or your personal representative or authorized by law and we believe the disclosure is necessary to prevent serious harm to you or to someone else.

Health Oversight Activities

We may disclose health information about you to a health oversight agency for activities authorized by law, including audits, investigations, inspections, licensure, or disciplinary actions. These and similar types of activities are necessary for appropriate oversight of the health care system, government benefit programs, and entities subject to various government regulations.

Funeral Directors

We may disclose information about you to a coroner or medical examiner for purposes such as identifying a deceased person and determining cause of death.

Worker's Compensation

We may disclose health information about you to the extent necessary to comply with worker's compensation and similar laws that provide benefits for work-related injuries or illness without regard to fault.

Other Uses and Disclosures

Other uses and disclosures will be made only with your (or your guardian's, if applicable) written authorization. You may revoke such an authorization at any time by notifying the Associate Director or Director of CQI in writing of your desire to revoke it. However, if you revoke such an authorization, it will not have any effect on actions taken by us in reliance on it prior to the revocation.

HITECH TRANSMISSIONS

We may use or disclose your Protected Health Information to provide legally required notices of unauthorized access to or disclosure of your health information. Any use of HiTech means of transmission or reception of information will be done with legal and required security measures to protect your information. If any breach of security should occur, RSL will notify the parties affected as required by law.

YOUR RIGHTS WITH RESPECT TO HEALTH INFORMATION ABOUT YOU

The following rights may be exercised by contacting your Coordinator, Associate Director, or the RSL Privacy Officer:

- right to request restrictions,
- right to receive confidential communications,
- right to inspect and copy health information about you,
- right to amend health information about you,
- right to an accounting of disclosures made after April 13, 2003,
- right to get notice of a breach upon breach of any of your unsecured PHI.

YOUR RIGHT TO A COPY OF THIS NOTICE

You have the right to obtain a copy of our Notice of Privacy Practices, either paper or electronic (if available). We will provide reasonable accommodation to persons with disabilities under the ADA. For example, if you need the notice to be read to you, we will do so.

RALPH SCOTT LIFESERVICES' RESPONSIBILITIES

Generally

We are required by law to maintain the privacy of protected health information about you and to provide individuals with notice of our legal duties and privacy practices. We are required to abide by the terms of our Notice of Privacy Practices in effect at the time.

Our Right to Change the Notice of Privacy Practices

We reserve the right to change this Notice of Privacy Practices. We reserve the right to make the new notice's provisions effective for all health information that we maintain, including that created or received by us prior to the effective date of the new notice.

AVAILABILITY OF THE NOTICE OF PRIVACY PRACTICES

A copy of our Notice of Privacy practices is posted in each location rented, owned, or managed by RSL where services are provided and at the RSL administrative office. A copy of the current notice also will be posted on our web site.

You may obtain a copy of the current Notice of Privacy Practices by contacting your Coordinator or Associate Director.

COMPLAINTS

You may complain to us and to the United States Secretary of Health and Human Services if you believe your privacy rights have been violated by us.

To file a complaint with us, contact your Associate Director or the RSL Privacy Officer. All complaints should be submitted in writing. We will help you with this if you need it.

To file a complaint with the United States Secretary of health and Human Services, send your complaint to him/her in care of the **Office for Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue SW, Washington, DC 20201.**

You will not be retaliated against for filing a complaint.

QUESTIONS AND INFORMATION

If you have any questions or want more information concerning this Notice of Privacy Practices, please, write to—
or call—

**Privacy Officer
Ralph Scott Lifeservices, Inc.
408 West Trade Street
Burlington, NC 27217**

(336) 227-1011

EFFECTIVE DATE OF NOTICE:

Original notice effective April 14, 2003

Revised and updated notice effective May 10, 2010

Revised and updated notice effective May 15, 2012

Revised and updated notice effective July 15, 2014



Ralph Scott Lifeservices, Inc.



Sign & return with application

408 W. Trade Street, Burlington, NC 27217 (336) 227-1011 Fax (336) 226-6465 www.rsli.org

ACKNOWLEDGEMENT OF RECEIPT
OF
NOTICE OF PRIVACY PRACTICES

This is to acknowledge my receipt of Ralph Scott Lifeservices, Inc.'s reviewed and updated Notice of Privacy Practices, effective date, July 15, 2014, on the stated date below.

Date of Individual's or
Personal Representative's Signature

Signature of Individual or
Personal Representative

(For Office Use Only)

Individual's Name

Individual's Address

Name of Personal Representative

Description of Representative's Authority
to Act for the Individual (If applicable)

Keep for year records

Individual Service Policy 2.1

Ralph Scott Lifeservices Individual Rights Policies

Policy:

As a provider of community residential services since 1971, Ralph Scott Lifeservices knows and appreciates the importance of normalized environments. Participants in Ralph Scott Lifeservices programs are adults and are afforded with all the rights and responsibilities of citizens of North Carolina. Therefore, it is the policy of Ralph Scott Lifeservices to assure rights as guaranteed by law to all individuals served by Ralph Scott Lifeservices.

Declaration of Rights:

Individual Rights include but are not limited to the following:

1. the right to all basic human rights including respect, dignity, humane care, and full recognition of his/her individuality; the right to be free from mental and physical abuse, neglect, and exploitation;
2. the right to be free from corporal punishment;
3. the right to live as normally as possible while receiving appropriate care and treatment;
4. the right to receive services in the least restrictive, most appropriate, effective, and positive treatment modality;
5. the right to treatment including access to medical care and habilitation, regardless of age or degree of developmental disability;
6. the right to an individualized treatment or habilitation plan setting forth a program to maximize the development or restoration of his/her capabilities written within 30 days of admission;
7. the right to the civil rights afforded all citizens of North Carolina unless he/she has been adjudicated incompetent--these civil rights include the right to engage in appropriate social interactions with other individuals in RSL and in the community; individuals also have the right to make purchases, dispose of property, to register and vote, enter into contracts, seek civil actions, marry and get a divorce;
8. the right to give input into the governance of Ralph Scott Lifeservices;

Individual Service Policy 2.1

9. the right to be adequately informed about benefits, the risks, possible complications and alternative methods of treatment;
10. the right to consent or refuse treatment--refusal of treatment will not be the sole reason for the discharge of an individual unless such procedures are the only viable treatment option available;
11. the right to have privacy and be free from unwarranted invasions of privacy such as search and seizure;
12. the right to be free from threat or fear of unwarranted suspension or expulsion from services;
13. the right to be free from unnecessary or excessive medication and from medication administered for punishment, discipline, or staff convenience;
14. the right to be free from treatment involving aversive stimuli, use of experimental drugs or procedures, or non-emergency surgery;
15. the right to be free from physical restraints or seclusion except when necessary to prevent injury;
16. the right to have information about the Individual be confidential and not be disclosed without his/her permission unless required by state or federal law or regulation;
17. the right to live in an atmosphere conducive to uninterrupted sleep, with accessible areas for personal privacy--the individual has the right to decorate his or her personal area with respect to choice, normalization principles, physical structure, and with respect to the governing body policy;
18. the right to be provided dignity, privacy and humane care with ample opportunity to maintain appropriate personal health, hygiene and grooming care;
19. the right to keep and use personal clothing and possessions and be assured of individual storage space and appropriate protections for these possessions;
20. the right to spend and keep a reasonable sum of money;
21. the right to send and receive sealed mail, and have access to writing material, postage, and staff assistance when necessary;
22. the right to make and receive confidential telephone calls;

Individual Service Policy 2.1

23. the right to contact and consult with a client advocate;
24. the right to receive visitors in a private area with the appropriate supervision and to refuse to receive visitors;
25. the right to contact, at their own expense, legal counsel, private physicians, and private mental health, developmental disabilities and substance abuse professionals;
26. the right to make visits outside the facility;
27. the right to be out of doors daily and have access to facilities and equipment for physical exercise several times a week;
28. the right to participate in religious worship;
29. the right to keep and retain a driver's license, unless otherwise prohibited by Chapter 20 of the General Statutes;

Reference: 10 A NCAC 27D. 0201

Reviewed and Approved 7/20/10

sign & return
w/ application



Ralph Scott Lifeservices, Inc.



408 W. Trade Street, Burlington, NC 27217 (336) 227-1011 Fax (336) 226-6465 www.rsl.org

ACKNOWLEDGEMENT OF RECEIPT
OF
INDIVIDUAL RIGHTS POLICIES

This is to acknowledge my receipt of Ralph Scott Lifeservices, Inc.'s reviewed and updated Individual Rights Policies, effective date, May 15, 2012, on the stated date below.

Date of Individual's or
Personal Representative's Signature

Signature of Individual or
Personal Representative

(For Office Use Only)

Individual's Name

Date

Individual's Address

Name of Personal Representative

Description of Representative's Authority
to Act for the Individual (If applicable)

Keep for your records

Individual Service Policy 2.3

Individual Grievance

Policy: Individuals and applicants or their legally appointed guardians may express grievances free from staff interference or coercion. All efforts will be made to resolve the grievance at the lowest level possible.

Procedure:

1. Applicants will be made aware of the individual grievance procedure upon application. Individual receiving services from RSL will receive a copy of the individual grievance policy during admission and during individual rights reviews.
2. Grievances should be filed in writing by the individual or guardian. The Coordinator will assist the individual in preparing and presenting a grievance, if requested.
3. All efforts will be made to resolve the grievance at the lowest administrative level possible.
4. The administrator receiving the grievance will provide the individual or guardian with a written response within five (5) working days. The QMRP/QDDP or Coordinator will assist the individual in understanding the response.
5. The individual or guardian may appeal the results of this decision to the next administrative level within five (5) working days.
6. If the grievance is not resolved after submission to all administrative levels including the CEO, the grievance will be presented to the Human Rights Committee.
7. The Human Rights Committee will make recommendations to the Board of Directors who will make the final decision.
8. A written response will be sent to the aggrieved and a copy will be placed in the individual's record.
9. The Human Rights Committee will be made aware of all grievances initiated.
10. The Director of CQI will receive a copy of the grievance and the resolution.

Individual Service Procedure 2.3.1

Suggestions, Concerns, Complaints, and Grievance Process

Ralph Scott Lifeservices provides services to individuals with intellectual and other developmental disabilities. We attempt to provide best practice services effectively with the resources available. We encourage input from the individuals we serve as well as guardians and families. If you have a question, suggestion, concern, or complaint, please, tell us.

Suggestions and Concerns:

You may informally discuss your suggestions and concerns with staff at any time. The best person to talk to is the staff in the homes. If, after talking with them, you still have a concern, take the concern to the appropriate Coordinator or Associate Director.

Complaints:

Complaints should be directed to the lowest level possible. Bring the complaint to the attention of the direct support staff. They will respond to the complaint as soon as possible. They will also document the concern in the individual's record. If the complaint isn't resolved after 5 days, it should be taken to the Coordinator.

The Coordinator will respond to the complaint as soon as possible. They also will document the concern in the individual's record. If the complaint isn't resolved after 5 days, it should be taken to the Associate Director.

The Associate Director will review the complaint and previous steps taken to resolve the issue. The Associate Director again will try to resolve the issue. If the issue is not resolved, the Associate Director will review the individual's grievance rights with them and give them a copy of the grievance policy. This will be documented in the individual's record.

Grievance for Individual's Supported

Individuals and applicants or their legally appointed guardians may express grievances free from staff interference or coercion. All efforts will be made to resolve the grievance at the lowest level possible.

1. Applicants will be made aware of the grievance procedure for individuals supported during the application process. Individuals receiving services from RSL will receive a copy of the individual grievance policy during admission and during individual right reviews.

Individual Service Procedure 2.3.1

2. Grievances should be filed in writing by the individual or guardian. The Coordinator will assist the individual in preparing and presenting a grievance, if requested.
3. All efforts will be made to resolve the grievance at the lowest administrative level possible.
4. The administrator receiving the grievance will provide the individual or guardian with a written response within five (5) working days. The QMRP/ QDDP or Coordinator will assist the individual in understanding the response.
5. The individual or guardian may appeal the results of this decision to the next administrative level within five (5) working days.
6. If the grievance is not resolved after submission to all administrative levels including the Executive Vice President of Programs and the President/CEO, the grievance will be presented to the Human Rights Committee.
7. The Human Rights Committee will make recommendations to the Board of Directors who will make the final decision.
8. A written response will be sent to the aggrieved and a copy will be place in the individual's record.
9. The Human Rights Committee will be made aware of all grievances initiated.
10. The Director of CQI will receive a copy of the grievance and the resolution.

Reviewed and Approved 7/20/10

YOU HAVE THE RIGHT TO MAKE A COMPLAINT

You have the right to make a complaint or file a grievance at any time. Before stating a written complaint, we urge you first to discuss the matter with involved staff and give them an opportunity to help resolve the problem. If this is unsuccessful, you have the right to make a written complaint or grievance.

Finding Solutions Together Helps Us All

Date: _____

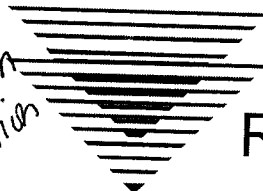
Name _____ Location: _____

1. What is your concern or problem or complaint about RSL services?

2. Have you tried to solve this problem with a staff member?
 yes no

3. What do you want us to do to solve this problem?

Sign & return w/ application



Ralph Scott Lifeservices, Inc.



408 W. Trade Street, Burlington, NC 27217 Phone (336) 227-1011 Fax (336) 226-6465 www.rsli.org

ACKNOWLEDGEMENT OF RECEIPT OF INDIVIDUAL SUGGESTIONS, COMPLAINTS, AND GRIEVANCE PROCESS

This is to acknowledge my receipt of Ralph Scott Lifeservices, Inc.'s reviewed and updated Suggestions, complaints, and grievance process, effective date, July 20, 2010, on the stated date below.

Date of Individual's or
Personal Representative's Signature

Signature of Individual or
Personal Representative

(For Office Use Only)

Individual's Name

Individual's Address

Name of Personal Representative

Description of Representative's Authority
to Act for the Individual (If applicable)

Printed Name

Record Number