



Meeting Notification

To: **Name of Guardian / Representative**

You are invited to attend the IHP or IPOC 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 meeting? Yes No

If yes: In-person Virtual: video, or telephone

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

If yes, please contact **HPA or SSS Name** at **Phone Number (with Area Code)**.

Community Services

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

Do you wish to consider community services? Yes No

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

Comments

Are there any concerns, comments, or questions you want to discuss at the meeting?

GUARDIAN / REPRESENTATIVE SIGNATURE

DATE

NAME:

DSHS NUMBER:

LIVING UNIT:

BIRTHDATE:

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