

Disposition Form - Nursing Home Transition Project

Consumer: _____

ISC Name: _____

Stage of Program: _____

Date: _____

Please send a copy of this form to David Frydman, 2 White St., Concord, NH 03301
and retain the original in the consumer's file

I, _____ wish to discontinue participation in the New Hampshire Nursing Home Transition Project at this time. I understand that in deciding to stop participating, I may not be able to re-enter the program if I change my mind.

Consumer Signature

Date

I discussed the ramifications of the consumer's choice to cease participation in the project with the consumer and the consumer notified me of his/her decision to end his/her participation in the program.

ISC Signature

Date

Please state reasons for ending participation (to be filled out by consumer or ISC):

Please describe the stage of consumer's participation in the project at the time of her/his decision to terminate?

