



## Money Follows the Person Participation Withdrawal Confirmation

Participant's Name

Address 1:

Address 2:

City:

State:

Zip Code:

Medicaid Number:

Legal Guardian's Name (if applicable):

Address 1:

Address 2:

City:

State:

Zip Code:

I choose to withdraw participation from the Montana Money Follows the Person (MFP) Demonstration Program. (Check to confirm.)

Reason for withdrawing is not mandatory, but it does help us track transition activities. Can you share with MPF why you have decided to withdraw?

*You will be removed from participation in the Montana MFP Demonstration Project, effective the date of your signature on this form.*

Name (Printed):

Signature:

Date:

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