

\*Please identify additional person/persons who may be caregivers. WVDHHR/BPH/OMCFH/DPWH/PP/RFTS - R004

## COMMENTS:

(Parent/Guardian Signature)

(Caregiver)

(Designated Care Coordinator)

my/my infant's care to release information to the RFTS staff.

If you believe you have been denied any of the above rights, you may contact the Right From The Start Program by phone at 1-800-642-8522 or mail at 350 Capitol Street, Room 427, Charleston, West Virginia 25301-3714.

(Signature)

with \_

I have read and understand my responsibilities and rights and do hereby give permission for my/my infant's RFTS record to be released by the Care Coordinator to agencies participating in my care. I also give my permission for agencies participating in

CAREGIVER PERMISSION

Parent/Guardian of

CLIENT:

(Signature)

## **DESIGNATED CARE COORDINATOR:**

give permission to \_\_\_\_\_

(Designated Care Coordinator Signature)

I have reviewed the rights and responsibilities with this client.

Revised 08/2016

West Virginia Department of Health and Human Resources **RIGHT FROM THE START PROGRAM** CLIENT RIGHTS AND RESPONSIBILITIES

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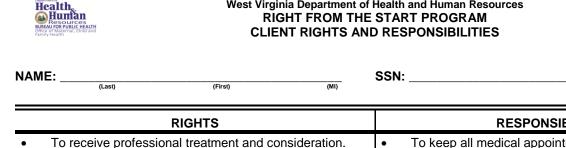
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visits.



To participate in development of the care plan and

To choose the agency which will provide services

penalty or loss of any other program eligibility.

To review or receive a copy of your RFTS records.

To participate in RFTS any time during the eligibility period even if services have previously been refused. TO REPORT ANY PROBLEMS OR CHANGES, PLEASE CALL:

To withdraw from care coordination at any time without

selection of services.

To question any planned action.

To decline any or all services offered.

agreed upon.



(Date)

RESPONSIBILITIES

the care plan and agreed upon by the client.

To report any changes in health condition.

To keep all appointments for other services identified in

To obtain all medically-ordered laboratory procedures.

To report any change in address or telephone number.

To provide Care Coordinator with a safe environment for

To report any changes in home environment which

To keep all medical appointments.

affect health condition.

(Date)

(Infant)

to discuss and plan care for my infant in my absence

(Date)

(Date)