

**Community Case Management Program
Permission of Service Form**

Name of Consumer:

MaineCare #:

Date of Birth:

I/We have been informed that we have the option of choosing case management services from any agency that has a contract with DHHS/OADS to provide such services. With this information,

I/We have selected _____ for community case management services.

I/We further understand that I/We may decide to change our case management services to another agency contracted to provide this service at any time.

I/We give permission for _____ to access personal records on the Enterprise Information System (EIS).

Consumer Signature

Date

Parent/Guardian Signature

Date

Printed name of person authorizing release

Date

CCM

Date