Individual Acknowledgment*	
I acknowledge I have been a part of my Person-Centered Plan of Care development process and participated to the best of my ability. I agree with what is written in my plan. I was informed of my right to be free of abuse, neglect, exploitation, and the use of restraints. I understand my rights and/or have someone I trust who can help with them. If applicable, I agree to the settings modifications specified in this plan. I understand that my plan will be reviewed regularly and that I can ask for it to be reviewed sooner. I consent to this plan being shared as necessary to provide my services. I was given a choice of services and providers and understand I have the right to request a change in services or providers at any time. I know who to talk to if I want to change my services or what is in my Person-Centered Plan of Care *(CMS 1d & 7a).*	
☐ Per NDAC 75-01-03-03(1)(a) and (1)(b), I am aware of my right to appeal by writing to Appeals Supervisor, 600 E. Boulevard Ave. – Dept. 325, Bismarck, ND 58505-0250.	
Individual Signature *(CMS 1d, CMS 7a, & POC 2)*:	
	Date of POC Meeting:
Parent/Legal Guardian Signature, if applicable *(POC 2 & POC 17):*	
	Date of POC Meeting:

Care Coordinator Signature*	
☐ As the 1915(i) Care Coordinator, I attest my agency does not have a conflict of interest in serving this individual (*POC 16*), settings are compliant with the HCBS Settings Rule [42 CFR 441.710(a)(1)-(2)], and the services requested in this POC are <u>not</u> duplicative of any Medicaid, IDEA, Foster Care, or Vocational Rehabilitation funded services that the Individual is currently receiving. All POCs will be uploaded into MMIS for approval by the State Medicaid Agency (*POC 15*), and the Comprehensive Plan of Care, upon approval, will be provided to the individual, parent/legal guardian, if applicable, service providers, and any other individuals responsible for plan implementation and monitoring *(POC 3).* I have documented minutes from this meeting and will maintain them in the individual's file (*POC 19*).	
Care Coordinator Signature *(POC 2)*:	
	Date of POC Submission: