LONG TERM CARE ADMINISTRATION

□Living Choice □Medically Fragile

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OKHCA Revised 10-27-2015 Page __ of __

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OKHCA Revised 10-27-2015 Page __ of __

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Signature of Member or Legal Agent	Signature of Member or Legal Agent (If Member signs with mark, two witnesses are required.)			Date
Signature of Witness	Date	Signature of Witness		Date
Signature of Witness	Date	Signature of Witness		Date
Signature of Case Manager				Date

ACTION STEPS

ANTICIPATED OUTCOMES