

CONSUMER DIRECTED PERSONAL ASSISTANCE PROGRAM
CONSENT TO TRANSFER CONSUMER SERVICE AUTHORIZATION RECORDS

I, _____, consent to allow _____,

(Consumer Name, Print) (Old Fiscal Intermediary)

to provide a copy of my records maintained pursuant to 18 NYCRR 505.28(i)(1)(iv), including

my service authorization records, to _____.

(New Fiscal Intermediary)

This consent will expire one (1) year from the date of signature, below.

Signature

Date