

Form MR-1: Member Representative Committee (MRC) Application

Prior to applying, Care Managers must ensure that they are submitting this application for members that are unable to approve the Life Plan AND have no representative available; or multiple attempts to reach the member's representative have been unsuccessful.

For Initial Application: Complete sections 1-5 and 7.

Returning Members: Complete sections 1, 2, 6 and 7.

Application Date:	Care Manager:
1. Member Demographic Information	
Member's Last Name:	First Name:
TABS ID:	Region:
How long has the Care Manager been working with the member?	
2. Life Plan Information	
Last Meeting Date:	Type of last life plan meeting: Annual: <input type="checkbox"/> Semi: <input type="checkbox"/> Addendum: <input type="checkbox"/>
Who approved the last Life Plan? If someone other than the MRC provided approval, what has changed that they are no longer able to provide approval? Include name and relationship to the member.	
If this application has been previously completed and approved for ongoing use of the Member Representative Committee, skip to sections 6 and 7.	

3. Member Information		
How does the member communicate their satisfaction, dissatisfaction, preferences, dislikes, etc.?		
Is the member able to provide approval on their own behalf?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
If not, why?		
Please attach the following documents with the completed application:		
Current Psychological (if available)	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Current Psychosocial (if available)	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>

Current Life Plan	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
4. Representative/Guardian Information		
Does the member have an Informed Consent Committee signing off on medical consents, medications and behavior supports? (ONLY FOR MEMBERS LIVING IN A CERTIFIED RESIDENTIAL SETTING)	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Does the member have actively involved family or natural supports (e.g., friend, community member, etc.) in their life that advocate on their behalf?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
(If Yes) Name of Representative:	Relationship to member:	
Is the Representative listed above signing consents on behalf of the member?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Does the member have a <i>court appointed</i> Legal Guardian?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
(If Yes) Name of Legal Guardian:	Relationship to member:	
Is the guardian listed above signing consents for the member?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
If there is an actively involved family member, natural support or court appointed legal guardian as indicated above, detail <i>why</i> they are not able to sign the Life Plan on the member's behalf.		
5. Moving Forward		
What has the Care Manager done to identify people/family members who can support the member in giving approval for the Life Plan? Please list the name and relationship of anyone that the Care Manager has contacted to see if they are able and willing to support the members in approving their Life Plan. Include the number and method of attempts made to engage each person.		

6. Attestation****Only used for members who have a previously approved application****

What has the Care Manager done to identify people/family members who can support the member in giving approval for the Life Plan? Please list the name and relationship of anyone that the Care Manager has contacted to see if they are able and willing to support the members in approving their Life Plan. Include the number and method of attempts made to engage each person.

Have there been any newly involved family members or other natural supports in the member's life since last review?

Yes: ☐ No: ☐

7. Signatures

Name of Person Completing the form:

Title:

Signature:

Date:

Supervisor's Name:

Supervisor's Title:

Supervisor's Signature:

Date:

All applications and supporting documentation must be submitted to the MRC designated email box: MemberRepCommittee@myacany.org