

Personal To-Do List Next Steps:

If you want to know more about how to pursue moving back to the community:

Speak with the facility Social Worker to discuss _____

Ask to participate in your next Interdisciplinary Care Plan Conference and discuss your desire to return to community living

Speak with family and other supports about your interest in pursuing a move back to the community

Contact: _____

If want more assistance from the Local Contact Agency Options Counselor, you may contact us at

Options Counselor Name: _____

Options Phone Number: _____

Counselor Note: At the conclusion of your visit, assist the individual with completing this form and leave it with them.

North Carolina Department of Health & Human Services | Division of Aging and Adult Services

This document was developed by the N.C. Department of Health and Human Services under grant CFDA 93.779 from the Centers for Medicare and Medicaid Services. However, the content does not necessarily represent the policy of the U.S. Department of Health and Human Services, and you should not assume endorsement by the Federal government.



N.C. DHHS is an equal opportunity employer and provider.

3/2014

