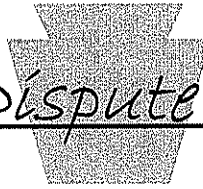


Office for Dispute Resolution



Case # 4755W-

Authorization of Resources

In the event that the County MH/MR administrator is not attending the scheduled mediation session, but has verbally given a designated county official the authority to commit resources in reaching an agreement satisfactory to both parties, the designated official will sign this form attesting that such authority has been duly given.

Please complete the information requested below so that you may represent the county at the mediation session regarding:

Individual:

County MH/MR Office:

The aforementioned county MH/MR office agrees to participate in mediation regarding the Medicaid waiver for the above-named individual.

I have been verbally authorized by

Name and Title of Chief County MH/MR Administrator

to represent the county MH/MR office in mediation regarding this individual; and

to commit what ever resources necessary for this individual as a result of the mediation session.

Signature: Designated County MH/MR Official

Date

Print name and title of Designated County MH/MR Official