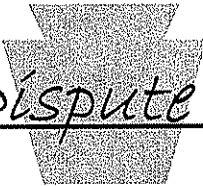


Office for Dispute Resolution



Case# 4755W-

Authorization of Resources

In the event the County MH/MR administrator is not attending the scheduled mediation session, an agency official will be designated with the authority to commit resources to reach an agreement satisfactory to both parties. The mediator will request this form from your designee.

Please sign and forward to:

Title:

so that your designee may represent the county MH/MR office at the mediation session regarding Medicaid waiver for the above named individual.

Individual:

County MH/MR Office:

Mediation Date: at

I authorize _____

To represent the agency in mediation regarding the aforementioned individual; and

To commit resources necessary for this individual as a result of the mediation session.

Signature: Agency Administrator

Date

Print Name and Title of Agency Administrator