**Residential Placement Offer**

Dated:

To: (Support Coordination Agency Name)

I, (Guardian Name), have been notified by (Support Coordination Agency Name) of the following offer of residential placement for \_\_\_\_(Individual Name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Residential Provider Agency:

Group Home Name/Address:

I understand that this placement will be available until (add date provided on response letter). After this date, the provider agency may offer this opportunity to another prospective resident.

I have checked the box below indicating my decision with regard to this offer of residential placement:

☐ **I** **accept** this offer of residential placement

☐ **I do not accept** this offer of residential placement

If this offer of residential placement is not accepted, please explain:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please sign and date this Response Form and forward to the address above.

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Legal Guardian Signature

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Date