

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES P.O. BOX 570 JEFFERSON CITY, MO 65102-0570 TELÉPHONE: 573-751-6400 FAX: 573-751-6010

RELAY MISSOURI for Hearing and Speech Impaired 1-800-735-2966 VOICE: 1-800-735-2466

RTIXCEI 'RONNEKGU'CEMP OY NGFI GO GP V'HOTO

| 1. CLIENT NAME (PRINT CLIENT'S FIRST NAME, MIDDLE INITIAL AND LAST NAME) | | | | | | | | |
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| | | | | | | | | |
| 2. CLIENT DATE OF BIRTH (M/D/Y) | 3. CLIENT SOCIAL | 3. CLIENT SOCIAL SECURITY NUMBER | | 4. CLIENT DCN (IF APPLICABLE) | | | | |
| | | | | | | | | |
| " Kbenpqy ngf i g'tj cv'Kj cxg'dggp'i kxgp'b'eqr { 'thitj g'O kunqwtkF gr ct vo gpv'thiJ gcnj 'bpf 'Ugpkqt 'Ugt xkegu'P qwleg'thiRt kxce{ 'Rqrkekgu' cpf 'j cxg'dggp'tqnf 'y j gt g'Kecp'thwkp'bp{ 'tgxkkqpu'o cf g'tq'tj ktP qwleg0' " | | | | | | | | |
| PRINT THE FIRST NAME, MIDDLE INITIAL AND LAST NAME (| OF THE CLIENT/PAREN | NT/GUARDIAN/DU | RABLE POWER | R OF ATTORNEY FOR HEALT | TH CARE | | | |
| | | | | | | | | |
| SIGNATURE OF THE CLIENT/PARENT/GUARDIAN/DURABLE I HEALTH CARE (DPOA-HC) | POWER OF ATTORNEY | FOR | DATE | | | | | |
| " | | | | | | | | |
| PQVG<"If this document is signed by the Guardian or Durable Power of Attorney for Health Care, attach a copy of the Letters Appointing the Guardian or a copy of the Durable Power of Attorney for Health Care." | | | | | | | | |
| Please check one of the following to indicate the relation | onship between the c | lient and the pe | rson whose si | gnature appears on the lir | ne above:" | | | |
| " "CLIENT" | • | · | | | | | | |
| "CLIENT'S PARENT" | | | | | | | | |
| " | | | | | | | | |
| U"CLIENT'S GUARDIAN" | | | | | | | | |
| □"CLIENT'S DPOA-HC | | | | | | | | |
| □"CLIENT REFUSED TO SIGN FORM" | | | | | | | | |
| " "*Hqt 'Uw:HiWig'Qprf(+" " | | | | | | | | |
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| Cfftgud' " " Eks{" " | | cvg" " | 1 | r'' | - | | | |
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| ÜvelhiUki pewatg'*khilrtgugpv∜j jgp'Pqvkeg'lrtqxkfgf+'' '' | " " | " " | Fcvg' | | - | | | |
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MO 580-2833 (7-07)