

**Signatures and Commitments
To Be Signed BEFORE the Transition Occurs**

By signing below I am confirming the following:

- I received a completed copy of the MFP Transition Readiness Tool
- I am agreeing to the decisions that have been made through the planning process, including those documented in this MFP Transition Readiness Tool
- I understand that issues with my services, supports, and/or lifestyle may affect my ability to remain in the MFP program
- I understand that issues with my services, supports, and /or lifestyle may result in reinstitutionalization

Signature of MFP Participant:

Date:

As a transition coordinator signing below, I agree with the decisions we have reached through the planning process and have facilitated the transition planning process in a way that ensures a thorough, organized transition. I have also completed each of the required transition documents as required by the contract.

**SAMPLE
FOR RFP**

Signature of Transition Coordinator:

Date:

Date Preliminary Plan Submitted to MFP:

Date Final Plan Submitted to MFP: