



ALABAMA FAMILY TRUST
CONSENT FOR CASE MANAGEMENT FORM

Beneficiary's Name: \_\_\_\_\_

Beneficiary's Date of Birth: \_\_\_\_\_

Alabama Family Trust Corporation ("AFT") desires to provide comprehensive Case Management for its beneficiaries. Services offered under the Case Management Program can play an integral role in assisting beneficiaries with navigating complex eligibility rules for public benefits and in identifying other sources of assistance. Case Management assessments are offered without charge to AFT beneficiaries or their individual trusts. The Alabama Family Charitable Trust will pay for assessments for AFT beneficiaries who consent to Case Management services.

Please initial only one of the options below.

\_\_\_\_\_ As the beneficiary, guardian, or agent under a power of attorney of the beneficiary named above, I agree to participate in the AFT Case Management Program. I understand that this agreement to participate includes the following:

- I consent to the beneficiary and family being contacted by the staff of the AFT Case Management contractor.
I understand that the Case Management Program is voluntary and that I may withdraw from the program at any time upon notification in writing to AFT.
I understand that assessments may occur from time to time to assess my status and that this consent continues in effect until my death or my choosing to withdraw from the program.
I understand that I should retain a copy of this document for my records and that a photocopy of this form is as valid as the original.

\_\_\_\_\_ As the beneficiary, guardian, or agent under a power of attorney of the beneficiary named above, I choose NOT to participate in the AFT Case Management Program.

Signature of Beneficiary or
Legal Representative

Relationship to Beneficiary

Printed Name

Date