

**NORTH CAROLINA DMH/DD/SAS  
PASRR CCA & CCIP CONSENT FORM**  
**Consent Acknowledgment Page**

**Consent to Participate in the Pre-Admission Screening and Resident Review (PASRR) Screening, Comprehensive Clinical Assessment (CCA) and Informed Choice Process of Housing Options to the Transition in Community Living Initiative.**

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Screening Entity Representative:** \_\_\_\_\_

I understand that I am participating in the Pre-Admission Screening and Resident Review (PASRR) screening because I have requested entry into an Adult Care Home.

As part of the process, I understand that I will participate in a Comprehensive Clinical Assessment (CCA), and the documentation of informed choice through the Community Integration Plan (CIP) to provide me information about the mental health treatment services and community housing options.

I understand that this information will be placed in the health record and will be accessed by the necessary medical, and mental health and community housing professionals. The results of the PASRR Screening, Comprehensive Clinical Assessment (CCA) and the CIP will be released/disclosed only to those for whom I give written consent or to those who are required by the conditions and agreement of the Transition to Community Living Initiative (TCLI) effective January 1, 2013 under G.S. 131D-2.4.

If I do not consent to the PASRR screening, the Comprehensive Clinical Assessment (CCA), and the documentation of informed choice through the Community Integration Plan (CIP), I understand it may affect my entry into the adult care home because this process is part of admissions criteria.

I  **do**  **do not** consent to participate in a PASRR screening, the Comprehensive Clinical Assessment, and the documentation of informed choice of Housing Options through the Community Integration Plan (CIP).

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\_\_\_\_\_  
**Signature of Person**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature: Legally Responsible Person**  
(If applicable)

\_\_\_\_\_  
**Please Print Name (Required)**

\_\_\_\_\_  
**Title/Agency**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Witness Signature**

\_\_\_\_\_  
**Please Print Name (Required)**

\_\_\_\_\_  
**Date**