

## STATEMENT OF INTENT FOR APPLICANTS/RECIPIENTS IN LONG TERM CARE FACILITIES

I, \_\_\_\_\_, hereby state that I intend to return to  
(Applicant's/Recipient's Name)

\_\_\_\_\_ when I am able to do so.  
(Address of Home Property)

Signed on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_,  
(month) (year)

\_\_\_\_\_, Hawaii.  
(City)

\_\_\_\_\_  
(Applicant's/Recipient's Signature)

or

\_\_\_\_\_  
(Representative's Signature and Relationship)

\_\_\_\_\_  
(IM Worker/Unit)

### FOR OFFICIAL USE ONLY

<u>Signature of IM Worker/Unit</u>	<u>Reconfirmation Date</u>	<u>Signature of Recipient or Representative's Signature and Relationship</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____