



MISSISSIPPI DIVISION OF
MEDICAID

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Xgt hlec vqp"



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*This form must be signed by anyone acting as a surrogate to a Bridge to Independence participant
DGHQTG any other forms signed by the surrogate on behalf of a B2I participate are considered
valid by the Division of Medicaid. A copy of the form must be kept in the participant's file.*

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dggp"lphqto gf "qh'o {"ucwu"cu"uwtqi cvg0"Cu"vj g"uwtqi cvg"lqt"vj g"cdqyg/pco gf "r cvkpv."Kj cxg"
eqo o wplecvfg "o {"cuwo r vqp"qh'cwj qtkv "vq"vj g"o go dgtu"qh"vj g"cdqyg/named patient's family."
y j q"ecp"dg"tgcfn "eqpvcvfg ."cu"ur gekkf "lp"uwdugevqp"*4+"qh'O kukuur r k'E qf g"Uge vqp"63/63/
433"*Tgx0422; +*ur qwug"/"vpruu"ngi cmf "ugr ctcvfg =cf wv'ej kf =r ctgpv=qt"cf wv'dtqyj gt"qt"ukvgt+0""

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