



# Detroit Wayne Integrated Health Network

Residential Services Department

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## DWIHN MEMBER PRE-PLACEMENT AGREEMENT

I, \_\_\_\_\_, accept and agree to transfer to \_\_\_\_\_ on  
MEMBER'S NAME PRE-PLACEMENT FACILITY NAME

\_\_\_\_\_ as a temporary placement *not to exceed 14 days* from the Admission date of \_\_\_\_\_.  
AGREEMENT DATE ADMISSION DATE

I further agree to cooperate with all efforts to secure more permanent specialized housing for and understand to be eligible, I must be a recipient of third-party assistance (i.e. Medicaid, SSI, and/or SSD). If it is determined that I am not eligible for the third-party reimbursement as listed above, I will cooperate with my assigned supports coordinator/case manager who will assist me in locating alternate housing, resources, and services.

\_\_\_\_\_  
Member's Name – MHWIN ID#

\_\_\_\_\_  
Date

\_\_\_\_\_  
**\*\*Member Refused to Sign\*\***

\_\_\_\_\_  
Date

\_\_\_\_\_  
Member/Guardian Signature

\_\_\_\_\_  
Date

***\*Signature required prior to member's admission to DWIHN pre-placement facility.***

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