

STATEMENT OF INTENT TO RETURN HOME

**(For Individuals Receiving Long-Term Care Services In A Medical Facility, Nursing Facility Or
In The Community Not In Their Own Home)**

I _____, hereby state that I intend to return to
(Applicant's/Beneficiary's Name)

_____ when I am able to do so. Signed on this
(Address of Home Property)

_____ day of _____ .
(Month) (Year)

in _____, Hawaii.
(City)

(Applicant's/Beneficiary's Signature)

or

(Authorized Representative's Signature)

(Print Name of Authorized Representative)

(Relationship/Legal Authority)

(Signature of EW)

(Section/Unit)

FOR OFFICIAL USE ONLY

☐ Check box if the signature and print name of the
Applicant/Beneficiary or Authorized
Representative is listed on the form.

☐ Check box if the relationship or legal authority
section is completed on the form.

Signature of EW: _____