

Office for Dispute Resolution

File No: 4755W-JS

Dear :

and the parents and/or guardians of have voluntarily agreed to attend a mediation session scheduled by the Office for Dispute Resolution (ODR) as follows:

Mediator:

Place:

Date:

Time:

Issue(s):

Guardian Participants:

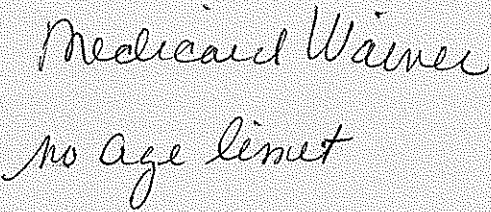
MH/MR Participants:

Prior to mediation, please review Your Guide to the Mediation Process that has already been mailed to you under separate cover. Although this Guide is written for school-age children, the mediation process is the same format for all clients. At the beginning of the mediation session, each participant will be asked to sign the **Mediation Rules** and the **Agreement to Mediate** form. A copy of each is enclosed for your review. In addition, the MH/MR must complete the **Authorization of Resources** form prior to the mediation. This form must be signed by the administrator to give permission to commit resources during the mediation session. At the end of the mediation session, all participants are asked to complete an evaluation which is returned to ODR.

This office continues to be available for questions prior to or following the mediation session. Please do not hesitate to contact us with any concerns you might have and we hope you find the mediation process beneficial.

Sincerely,

Case Manager



Medicaid Waiver
No Age limit