



Thomas M. Wernert Center

For Mental Health Recovery and Support

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Kelly A. Skinner • Executive Director

Member Name _____

Address _____

I give Thomas M. Wernert Center staff permission to speak to my service providers, group home operator and legal guardian and share information on my behalf. All information shared will be treated as confidential to all parties concerned.

Member

Date

Staff Member

Date

CMHC Representative

Date

Group Home Operator

Date

Legal Guardian

Date