



Money Follows the Person (MFP) Community Based Alternatives for Youth (CBAY) Enrollment End Letter

DATE

PARTICIPANT NAME

PARTICIPANT ADDRESS

PARTICIPANT CITY, STATE ZIP

Dear **PARTICIPANT NAME**,

On **DATE**, you discharged from a Psychiatric Residential Treatment Facility (PRTF) into the community using Money Follows the Person (MFP), Community Based Alternatives for Youth (CBAY). Participation in MFP CBAY is limited to 365 calendar days. Your 365 days of enrollment in MFP CBAY will end on **DATE**.

If you are between the ages of 18 and 21, you will be contacted by a representative from Georgia State University, Georgia Health Policy Center. This representative will be calling to conduct a follow-up to the **Quality of Life** survey you responded to before you left the Psychiatric Residential Treatment Facility (PRTF). Your responses to the survey questions are extremely important to the success of MFP CBAY, and we appreciate your time and your feedback about the services you received.

Thank you for participating in MFP CBAY. If you have any questions about this letter, you may contact MFP CBAY field personnel listed below, or you may contact the state offices of MFP CBAY at:

Community Based Alternatives for Youth
Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD)
2 Peachtree St., NW, 23rd Floor
Atlanta, GA 30303

Sincerely,

MFP CBAY Representative - Print Name

Contact Phone #