

**PLEASE READ THIS DOCUMENT CAREFULLY BEFORE SIGNING**

**INSTRUCTIONS AND EXPLANATION SHEET FOR LIMITED DURABLE POWER OF ATTORNEY**

Please read each paragraph. Please ask any questions you may have about this instructions and explanation sheet, the Limited Durable Power of Attorney Form, the Medical Assistance Application Authorization and Release Form or the Client Services Agreement to your Golden Bay Medicaid Specialists LLC representative or any outside counsel you wish to consult. Upon reading each paragraph and determining that you wish to engage Golden Bay Medicaid Specialists LLC to apply for Medicaid on your behalf, please acknowledge your understanding by placing your initials in the space provided beside each paragraph. Sign the acknowledgment section below the Limited Power of Attorney and Authorization and Release form.

1. \_\_\_\_\_ A member of the Golden Bay Medicaid Specialists LLC staff has provided you with a document called a "Limited Durable Power of Attorney". This document will permit Golden Bay Medicaid Specialists LLC to act on your behalf for the purpose of pursuing medical assistance for you and/or your minor dependents.
2. \_\_\_\_\_ This Limited Durable Power of Attorney gives Golden Bay Medicaid Specialists LLC the ability to act on your behalf in dealing with the Department of Social Services, County Assistance Office, or other State (including District of Columbia) and Federal Agencies for this limited purpose ONLY.

**ACKNOWLEDGEMENT**

By my signing below and initialing each paragraph above, I acknowledge that I have read this instruction sheet and Limited Power of Attorney. I also acknowledge that I understand why Golden Bay Medicaid Specialists LLC wishes for me to sign these documents and that I am under no obligation to sign these documents.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_