

## Agreement Regarding Food and Locks

To the best of my ability, I understand that one of my roommates has a medical disorder called Prader-Willi syndrome.

To the best of my ability, I understand that two of the symptoms of Prader-Willi syndrome are an insatiable drive to eat (hyperphagia) and the inability to feel full or recognize feeling full.

To the best of my ability, I understand that for my roommate's health and safety, food in this house must be managed properly.

I know that I will always receive all of my authorized meals and snacks.

I want all of my care providers, including family members and professional staff, to always try to keep me safe and keep my roommate with Prader-Willi syndrome safe.

Therefore, I authorize that all food items and beverage items and money be securely locked so that my roommate with Prader-Willi syndrome cannot access them.

This agreement may only be changed during my Person-Centered Plan/Individual Program Plan at which my parent(s) and/or conservator is present.

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_