

CONSUMER STATEMENT OF INFORMED CONSENT

If authorized to receive a Consumer Support Grant, I agree to:

1. Purchase only those services and items that are:
 - a. approved items and services listed on the CSG Budget and Service Agreement;
 - b. over and above the normal costs of caring for myself if I did not have a functional limitation;
 - c. needed as direct result of my functional limitation; and
 - d. enable me to live as independently as possible in my own home.
2. Purchase only those services and items that are not reimbursable through other funding sources (e.g. Medical Assistance, Medicare, private insurance). Fees assessed for health and human service case management are not reimbursable.
3. Maintain a record of all grant expenditures and keep receipts for all grant expenditures.
4. Notify the case manager within 10 days of any changes in my circumstances which may affect my continued grant eligibility, including but not limited to:
 - Hospitalizations, nursing home placements or any interruptions in service;
 - Any significant medical changes or problems;
 - Change of address;
 - Change in income;
 - Any changes that affect the status of my Budget and Service Agreement; and
 - Any changes that affect the status eligibility for Medical Assistance (MA).

I also understand that:

5. I may be responsible for any tax withholding, workers' compensation and unemployment compensation payments that might be required through my employment of individuals to provide these services.
6. I can use the services of a private sector fiscal support to assist me in paying my providers and with the tax withholding responsibilities I have as an employer.
7. I may give up the Consumer Support Grant and return to my original service program by informing the county at least 30 days in advance. If my original service program was a waiver service, I must follow county and state eligibility and waiting list policies before resuming service through the wavier.
8. Failure to abide by condition set forth in this document may result in the termination of my Consumer Support Grant.

Consumer Signature

Date

Authorized Representative Signature

Date