

**Ramsey County Human Services
Disability Services**

Consumer Support Grant Addendum

This form is to be kept for your records. It does not need to be included with annual signature pages. This is for you to use if you would like to move around the funding in your CSG grant.

Client:	Date of Birth:	PMI #:
Fiscal Intermediary:	Case Manager:	Completed by:

Please identify the changes that you wish to make to your plan and the reason for the change. Identify the outcome you expect from the change.

What is the cost of the change?

What, if any, are the FMS fees?

Where will these dollars come from?

Supervisor Approval

Date

Family/ Guardian Signature

Date

Once approved, send a copy to the FMS and CSG Coordinator.