

**Carver County Administrative Consumer Support Grant
Participation Agreement**

By signing below, I, _____, acknowledge that I have read and understand the Carver County Consumer Support Grant guidelines. I have completed the viewing of the Consumer Support Grant Orientation video.

There is more than one member in my household who is accessing a Consumer Directed program.

____ YES
 ____ Family Support Grant ____ CDCS ____ Consumer Support Grant

____ NO

Participant Name: _____

Parent/Legal Representative Signature: _____

Date: _____