

**CONSUMER SUPPORT GRANT
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:
 - Approved items and services listed on the Consumer Support Grant Narrative Plan/Consumer Support Grant Expenditure Plan
 - Over and above the typical costs of caring for myself if I did not have a functional limitation
 - Needed as a direct result of my functional limitation and 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). The 5% Consumer Support Grant administration fee is not reimbursable.

3. Maintain a record of all grant expenditures and keep receipts for all grant expenditures.

4. Notify the Case Manager or County Consumer Support Grant Coordinator 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 significant change in condition
 - Any changes that affect the status eligibility for Medical Assistance (MA).
 - Change of address

I also understand that:

1. I am required to use a Financial Management Service (FMS) to manage the Consumer Support Grant funds. There will be a fee for using these services. The cost of the Financial Management Service (FMS fee) will need to be included in the Consumer Support Grant budget. If applicable, the Financial Management Service will assist me in paying my providers. If applicable, the Financial Management Service will assist with tax withholding responsibilities I have as an employer. If applicable, the Financial Management Service will assist with payment of goods/services.

2. If using grant funds for support staff services, I may be responsible for any payroll tax withholdings, workers compensation and unemployment compensation withholdings and PTO fees that might be required through my employment of individuals to provide support staff services.

3. 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 program, I must follow county and state eligibility and waiting list policies before resuming service through the waiver program.

4. Failure to abide by conditions set forth in this document may result in the termination of my Consumer Support Grant and removal from the program.

Consumer or Parent or Authorized Representative Signature

Date