

Carver County Consumer Directed Community Supports
Participation Agreement

By signing below, I, _____, acknowledge that I have read and understand the Carver County Consumer Directed Community Supports (CDCS) guidelines and that this material **may change** in the future as Minnesota Home and Community Based Services (HCBS) waiver policy is subject to State, Federal, and County approval and interpretation.

Participant Name: _____

Parent/Legal Representative Signature: _____

Date: _____

Case Manager Signature: _____

Date: _____