

Aging and Disability Services Division

Developmental Services Regional Centers

Self-Directed Family Support Services Responsibilities Agreement

_____	_____
(Individual Name First, Last)	(Record Number)
_____	_____
(Parent/Legal Guardian Name First, Last)	(Regional Center)
_____	_____
(Service Coordinator Name (First, Last)	(Date of Agreement)

This agreement is completed at the start of Self-Directed Family Support Services (SDFSS) with Aging and Disability Services Division (ADSD) Regional Centers. It is reviewed and signed each care plan year.

Parent/Guardian Responsibilities:

A Parent/Guardian of an individual receiving SDFSS services has certain responsibilities.

I, (Parent/Legal Guardian First, Last name) _____, agree to the following responsibilities.

1. I will attend all person-centered planning meetings for the individual receiving support services.
2. I will follow the recommendations of the person-centered plan.
3. I will use the money only for approved services and support as discussed with the Service Coordinator.
4. I will report any changes for the individual served or myself to the Service Coordinator in a timely manner. Changes I will report include address, phone number, or living situation.
5. I will talk with the Service Coordinator on a regular basis and tell them about any changes or progress.
6. I will complete the income eligibility form and provide financial documents each plan year timely.
7. I will train my employees to make sure they give the individual proper care.
8. I will keep employee files current. This includes copies of the I-9 and W-4 forms. I am aware that ADSD has the right to inspect for accuracy and completeness.
9. I will report any changes to the agency that handles the payments in a timely manner. Changes I will report for the employee or myself include address, telephone, or name.
10. I will update the I-9 and W-4 forms when a name change occurs.
11. I will provide documents to the agency that handles payments. This includes time sheets, support notes, and other needed documents.
12. I will follow the policy and provide time sheets, support notes, and other needed documents within 60 calendar days following the last date of services.
13. I will track the spending and will not spend more money than is allowed each month.
14. I am responsible for paying for all expenses that go over the monthly spending limit provided.

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- 15. I will follow the SDFSS policy when hiring and setting the rate of pay for the employee.
- 16. Hourly rates will not be more than the maximum allowed per the SDFSS policy.
- 17. Hourly rates will not be less than the current minimum wage.

As the Parent/Guardian I understand:

- 1. My services may be terminated if I do not follow the responsibilities in this agreement.
- 2. My services may be terminated if I do not use the SFDSS for 90 days.
- 3. My child will age out of the SDFSS services the month of their 18th birthday.
- 4. The support needs of the individual will be reviewed each plan year.
- 5. Supports may be modified to reflect the support needs.
- 6. Ongoing services are based on the review of the individual's needs.
- 7. Ongoing service is based on the use of the service.
- 8. State and Federal money is used for these services. If State and Federal money is not available, my services may end due to lack of sufficient funding.

Service Coordinator Responsibilities:

I, (Service Coordinator First, Last name) _____, agree to the following responsibilities:

- 1. I will help find resources to benefit the individual receiving support.
- 2. I will follow the recommendations of the person-centered plan.
- 3. I will keep the SDFSS service authorization current.
- 4. I will help the family use the SDFSS program effectively.
- 5. I will talk with the family on a regular, and no less than quarterly, basis.
- 6. I will process all paperwork timely.

(Parent/Legal Guardian Signature)

(Signature Date)

(Service Coordinator Signature)

(Signature Date)