SOUTH CAROLINA
DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS

SERVICE AGREEMENT

(Service Recipient) (Date of Birth)

The person named above is either being evaluated for eligibility for services through the South Carolina Department of Disabilities and Special Needs (DDSN) or has been determined eligible for services through DDSN. In this document this person will be referred to as the "service recipient."

As the service recipient, the parent, or legal guardian of the service recipient named above, I understand that any DDSN services being provided prior to the determination of eligibility will end if the service recipient is determined to not be eligible for services through DDSN.

I understand that being determined eligible for services through DDSN does not guarantee that the service recipient will receive any specific services. The receipt of services will be dependent upon the documentation of the assessed needs of the service recipient by professionals recognized by DDSN and the acceptance of those assessment results by DDSN. Additionally, the receipt of services through DDSN will be dependent upon the availability of a service or program or the availability of a service or program opening. I understand that when a service or program opening is not available, the name of the service recipient may be placed on a waiting list.

I understand that if the service recipient is determined eligible for services through DDSN, assessed to have needs which can be met by services through DDSN, and needed services through DDSN are provided, the amount, frequency and duration of the services will be commensurate with the needs of the service recipient and will be in accordance with applicable DDSN, Medicaid, or other policies, standards or requirements.

I further understand that if the service recipient is determined eligible for services through DDSN and assessed to have needs which can best be met through placement in a DDSN-sponsored residential setting, such placement will be dependent upon the availability of an opening in a DDSN-sponsored residential setting that is the most appropriate and least restrictive setting to address the needs of the service recipient.

I understand that DDSN may bill the private insurance, Medicare, Medicaid or any third party payer covering the service recipient for any covered services provided. I understand that DDSN will not hold the service recipient nor his/her parent/legal guardian responsible for costs not covered by Medicare, Medicaid or any third party payer.

Printed Name of Signatory Relationship to Service Recipient

Signature Date:

Witness Date: