

## **STATEMENT OF FINANCIAL RIGHTS**

### **(FOR PERSONS RECEIVING RESIDENTIAL SERVICES)**

As a recipient of Residential Services from (Provider), you are entitled to certain financial rights and protections to include the following:

1. The right to retain and manage your own personal funds or assign that responsibility to a legal guardian/designate or authorize (Provider) in writing to hold, safeguard and properly manage your personal funds. Except in cases where alternative financial arrangements have been made, you are requested to entrust all personal funds to (Provider). A complete financial statement is required.
2. The (Provider) shall hold, safeguard and properly manage your personal funds only upon written authorization by you, your parent/guardian/other responsible party or upon appointment as your representative payee. Should you become unable to manage your personal funds at any time while receiving residential services from DDSN, (Provider) shall apply for Representative Payee status on your behalf.
3. The right to not be charged additional costs by (Provider) to hold, safeguard and properly account for your personal funds, excluding costs encompassed in (Provider) residential services fee. (Excludes fees associated with trusts.)
4. Current documentation of all financial transactions involving your personal funds, for which (Provider) is responsible, in accordance with DDSN policy.
5. Reasonable access to your financial records and personal funds, for which (Provider) is responsible, in accordance with DDSN policy.
6. Assurance that your personal funds managed by (Provider) will be kept separate from other (Provider) funds.
7. A written fee schedule provided by (Provider) to inform you of any fees that will be charged for services rendered including Care and Maintenance.
8. A written financial responsibility statement provided by (Provider) to inform you of any costs that will be your responsibility outside of Care and Maintenance fees.
9. A documented minimum amount of funds from your income to be made available to you each month for personal spending.
10. Reimbursement by (Provider) for loss of personal funds due to theft or misuse.
11. Management of your personal funds by (Provider) in accordance with your Financial Plan and in a manner that will not jeopardize your eligibility for governmental aid or benefits.

**If the person is capable of understanding his/her financial rights, he or she should sign below:**

*The rights outlined in this document have been explained to me and I understand how they affect me. I have designated (Provider) to manage my personal financial affairs in a manner consistent with my Financial Plan.*

Person's Name  
(Print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**If the person is unable of understanding his/her financial rights and therefore cannot sign above, a Parent/Guardian/Other Responsible Party should sign below on his/her behalf:**

*As parent/guardian/other responsible party for the above named person, these rights and services have been explained to me and I understand how they will affect my relative/person for whom I am responsible. I understand that I am signing on his/her behalf.*

Name (Print):  
(Parent/Guardian/  
Other Responsible  
Party) \_\_\_\_\_

Relationship:  
(to the person) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**If the person is unable of understanding his/her financial rights and therefore cannot sign above, and the signature of a parent/guardian/other responsible party cannot be obtained, a provider staff signature is required below:**

*I have explained the financial rights outlined in this document to (Person's Name) and he/she has indicated an understanding of and acceptance of these rights.*

Name (Print):  
(Provider Staff  
Representative) \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_