

**SC Department of Disabilities and Special Needs**

**STATEMENT OF FINANCIAL RIGHTS**

1. Upon enrollment for services from the South Carolina Department of Disabilities and Special Needs (DDSN), DDSN shall require a financial statement of the person's resources and request that he or she entrust those personal funds to DDSN except in cases where alternative financial arrangements have already been made.
2. A person enrolling for services with DDSN has the right to receive, retain and manage his or her own personal funds. This may be done by a legal guardian or other designated person or the person may authorize DDSN in writing to hold, safeguard and account for those personal funds.
3. DDSN shall hold, safeguard and account for a person's funds only upon written authorization by the person, parent, guardian or other responsible party or if DDSN is appointed representative payee.
4. DDSN shall not charge a person enrolling for services to hold, safeguard or account for his or her personal funds, but shall include any charges for this service in DDSN's basic per diem rate.
5. In accordance with DDSN policy, written records of all financial transactions involving a person's funds for which DDSN is custodian shall be kept current and maintained by the ICF/IID.
6. In accordance with DDSN policy, people with personal funds in the Regional Bank shall be provided reasonable access to their financial records and personal funds.
7. Personal funds received by DDSN for safe-holding, safeguarding and accounting shall be kept separate from DDSN's operating funds.
8. For any person managing his or her own personal funds while receiving services from DDSN who becomes unable to continue managing those funds, DDSN shall serve as temporary representative payee for the person until a permanent representative payee may be appointed.

These rights have been explained to me and I understand how they affect me.

Person's Name: \_\_\_\_\_

File No.: \_\_\_\_\_

\_\_\_\_\_  
*Signature (Person)*

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

\_\_\_\_\_  
*Signature (QIDP/Designated Staff)*

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

\_\_\_\_\_  
*Signature (Witness)*

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

As parent, guardian or conservator, these rights have been explained to me and I understand how they affect my relative/person for whom I am responsible. I understand that I am signing on his/her behalf. Relationship to the Person: \_\_\_\_\_

\_\_\_\_\_  
*Signature (Parent/Guardian/Responsible Party)*

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