

FEE SCHEDULE
(FOR RECIPIENTS OF RESIDENTIAL SERVICES)

Listed below are fees for which you are responsible as a recipient of Residential Services from (Provider).

The Fee Schedule should be explained to the person or his/her parent/guardian/other responsible party. (Note: As rates may be revised periodically, a new fee schedule should be provided whenever fees change.)

<u>FEES</u>	<u>RATE</u>
	\$
	\$
	\$
	\$
	\$

If the person is capable of understanding this fee schedule, he or she should sign below:

Person's Name (Print): _____	Residence: _____
Signature: _____	Date: _____
Witness: _____	Date: _____

If the person is unable of understanding this fee schedule and therefore cannot sign above, a parent / guardian/other responsible party should sign below on his/her behalf:

Name (Print): (Parent/Guardian /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 cannot be obtained, a provider staff signature is required below:

<i>I have explained this fee schedule to (Person's Name) and he/she has acknowledged responsibility for these fees.</i>	
Name (Print): (Provider Staff Rep) _____	
Title: _____	
Signature: _____	Date: _____