

**STATEMENT OF FINANCIAL RESPONSIBILITIES
(FOR RECIPIENTS OF RESIDENTIAL SERVICES)**

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

(Note: Any items that represent a shared financial responsibility between two or more people should be so noted and the method of determining each person's share should be documented and attached.)

<u>ITEMS OF FINANCIAL RESPONSIBILITY</u>	

If the person is capable of understanding this Statement of Financial Responsibilities, he or she should sign below:

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

If the person is unable of understanding this Statement of Financial Responsibilities 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 this Statement of Financial Responsibilities 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 statement of financial responsibility to (Person's Name) and he/she has acknowledged responsibility for these items.</i>	
Name (print): (Provider Staff Rep) _____	
Title: _____	
Signature: _____	Date: _____