



ENRICHED RESIDENTIAL CARE PAYMENT RESPONSIBILITIES FORM

**(To be reviewed, completed and signed by the client
and submitted with the referral packet/assessment)**

Name of Client: _____

Clients entering the Enriched Residential Care (ERC) program with income, including but not limited to Supplemental Security Income (SSI), are expected to use their income to pay the monthly room and board rent at licensed residential care facilities. Clients with income will retain the State-determined amount for Personal and Incidental expenses and use whatever remains of their monthly income toward the room and board rent. Clients without income or whose income is not enough to cover the full monthly room and board rent amount will have the full or remaining portion owed to the facility paid by either the Department of Health Services (DHS) ERC program, Department of Mental Health (DMH) ERC program or DMH's contracted Full Service Partnership (FSP) program. Clients without income are expected to work with their case managers and/or the Countywide Benefits Entitlement Services Team (C-BEST) to apply for SSI or the Cash Assistance Program for Immigrants (CAPI), unless it is determined by their case manager that the client is ineligible.

Review and initial next to each of the statements below indicating confirmation that you have reviewed and agree to each statement:

_____ I understand that, if I receive an income, such as SSI, upon entering a licensed residential care facility, I will be expected to use my income for Personal and Incidental expenses up to the State-determined amount and use the remaining income to pay the monthly room and board rent.

_____ I understand that, if I do not have an income upon entering a licensed residential care facility but later obtain SSI or another type of income, I will be expected to begin using my income for Personal and Incidental expenses and for paying the monthly room and board rent.

_____ I agree to notify my case manager and/or licensed residential care facility operator of any changes to my income.

_____ I understand that, if I have an income and refuse to pay my portion of the monthly room and board rent after my placement at a licensed residential care facility, I may be disenrolled from the ERC program.

By signing this form, I am confirming that I have had an opportunity to review the terms of this payment responsibilities form and agree to them.

x

Signature of Client/Individual/Legal Representative

Date

If signed by someone other than the client, print name and state relationship and authority. Please also provide evidence to support your assertion that you may sign on the client's behalf:
