



Provider Assurance Form

This is to certify that the opportunity to voluntarily contribute to the cost of services received has been discussed with:

_____ (print service recipient's name)

The discussion included informing the client or designated representative:

1. That the contribution is entirely voluntary and that there is no obligation to contribute.
2. That all contributions collected will be used to expand the services(s).
3. That information about the client's participation in consumer contributions shall be confidential.
4. Who the service recipient or designated representative should contact, including the telephone number, if there are questions regarding consumer contributions.
5. The total cost of the service (actual or per unit), if applicable.
6. That service(s) will not be reduced or terminated for failure to contribute.
7. That they have an opportunity to voluntarily decide whether or not to contribute toward the cost of the service and the process by which contributions will be collected.

	Assessment Date	Service(s) Received	Actual Cost/Unit Rate	Notes
1.				
2.				
3.				
1.				
2.				
3.				
1.				
2.				
3.				

Agency	Date	Agency Representative Signature