Moore Center Services, Inc.
Creating Opportunities for a Good Life®

8Z

195 McGregor Street, Unit 400
Manchester, NH 03102

Client Name: ______________ Client Code: 1116836[?]

COST OF CARE

Dear Client, Family and/or Guardian,

As you participate in the various programs offered by Moore Center Service, Inc., state and federal regulations will apply to many of these programs. One such federal regulation is called the cost of care.

Simply stated, the cost of care is a rule requiring any individual receiving services through the Developmental Disability (DD) or Acquired Brain Disorder (ABD) waivers to contribute towards the cost of their program(s). Programs that require cost of care include but are not limited to residential/personal care, employment/day, extended respite, environmental modification and community support services.

Federal requirements dictate that whenever an individual receiving services under a waiver has income that exceeds the standard of need (income limit) a cost of care agreement must be drawn-up. The Division of Family Assistance computes the amount that is owed on a monthly basis and forwards the information to this agency.

Please be aware that **when services are provided,** Moore Center staff will meet with you to discuss the cost of care and sign the agreement. The cost of care payments will be budgeted income for the agency and non-payment of these funds means lack of funds for programs. It is the obligation of each participant's representative payee to assure that the cost of care payments are made. Failure to make these payments to the Area Agency may result in the termination or reduction of services.

Not all clients will have a cost of care. Anyone that receives a financial grant from the State of New Hampshire e.g. APTD, ANB or OAA will not be subject to this requirement. If you have questions or concerns regarding the cost of care please do not hesitate to contact any of the staff in the Client Benefit Services at 603.206.2700.

x ______________
Signature of Client / Parent / Guardian*

x 1/9/14
Date

x JEANNETTE MARINO, M.S.
LEGAL GUARDIAN
Print Name

* signature confirms review of cost of care form only