Consumer Name:

# Prior to authorizing this Medicaid funded chore service, Medicaid eligible individual must agree to have a contractor clean their home and haul off agreed upon items. This includes items that pose a health and safety risk to the consumer or others in the home.

# Therefore, I give permission for the approved K-Plan contractor to clean my home and, if necessary, to remove and haul off agreed upon items.

By signing this form, I am consenting to receive this service and agree that the Department of Human Services (DHS), Aging and Disability Services (APD) are not responsible for any of the items removed from my home.

Consumer Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Case Manager Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_