

VALLEY COMMUNITY SERVICES BOARD  
 ID Services  
 Community Residential Services Fee Contract  
 Sponsored Residential

By their signatures the Sponsored Residential Sponsor, Valley CSB representative, and the client and/or their guardian/authorized representative mutually agree to and understand the following:

Client benefits (SSI, SSDI, VA, etc.):			\$0.00
Client wages (if applicable):	+		\$0.00
total client income:			\$0.00
less patient pay (if applicable):	-		\$0.00
new total:			\$0.00
less 25 % personal spending allowance:	-		\$0.00
balance remaining:			\$0.00
less Client Service Fee (not to exceed \$500):	-		\$500.00
Remaining funds:			-\$500.00

1. To accept the amount of \$(amount) as the Client Services Fee for (client name) MIS# XXXXX, effective (date), as calculated by the stated formula.
2. The fee covers housing, food (three meals a day plus snacks), basic room furnishings, bed and bath, linens, basic cable TV, and basic toiletry items (mouthwash, shampoo, deodorant, soap, shave cream, and a disposable razor).
3. The Client Services Fee may be decreased should a specific need arise such as eye glasses, dental work or medical needs that are not covered by insurance.
4. The Client Services Fee will be redetermined yearly or as changes occur in income and/or expenses of the client.
5. The client's personal spending money is to be used for Medicaid co-pays, routine dental care, burial fund, community activities, clothing, personal toiletries beyond basic items provided, personal articles such as a TV, radio, furniture, special cable channel, and saving for future needs, camps or vacations.
6. Any items purchased by the client or given to the client becomes the property of the client.

Signed: Client	Date
Signed: Payee (unless VCSB)	Date
Signed: Sponsor	Date
Signed: AR/Guardian	Date
Signed: Valley CSB Representative	Date