

# New Choices Waiver Residential Room and Board Agreement

New Client <input type="checkbox"/>	Re-enroll <input type="checkbox"/>
Annual <input type="checkbox"/>	Update <input type="checkbox"/>

Name: enter text

Medicaid #: enter text

DOB: enter text

Type of residence:    Assisted Living Facility     Independent Living Facility   
                                 Alzheimer's/Secure Unit     Own Home/Apartment

Facility Name: enter text

Facility Address: enter text

Facility Phone Number: enter text

I, resident name agree to pay \$rent amount per month for room and board at this facility. I understand that there may be a more detailed contract with the facility / landlord and I will be subject to the terms of that agreement.

The rate is broken down into the following components:

Room Rate	\$ _____	Food Costs	\$ _____
Electricity	\$ _____	Gas	\$ _____
Water	\$ _____	Telephone	\$ _____

DWS allows a deduction for shelter costs ("Room" amount on this agreement) and a utility allowance, if part of the rate is being paid toward heating/cooling costs.

This rate is effective enter date pending my approval for the New Choices Program.

enter text  
Resident Name

enter text  
Facility Representative

\_\_\_\_\_  
Signature of Resident or Responsible Party

\_\_\_\_\_  
Facility Signature

enter text  
Name of Responsible Party

enter text  
Title / Position

enter text  
Relationship to Resident

## Emergency Contact Information:

Name: enter text

Relationship to Resident: enter text

Phone: enter text

## Case Management Agency (CMA) Information:

CMA Name: enter text    CMA Phone: enter text

CMA Address: enter text