

New Choices Waiver Residential Room and Board Agreement

New Client _____	Re-enroll _____
Annual _____	Update _____

Name: _____ Medicaid #: _____ DOB: _____

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

Facility Name: _____

Facility Address: _____

Facility Phone Number: _____

I, (*resident name*), agree to pay (\$) _____ 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 (*insert date*) pending my approval for the New Choices Program.

Resident Name

Facility Representative

Signature of Resident or Responsible Party

Facility Signature

Name of Responsible Party

Title / Position

Relationship to Resident

Emergency Contact Information:

Name: _____

Relationship to Resident: _____

Phone: _____

Case Management Agency (CMA) Information:

CMA Name: _____

CMA Phone: _____

CMA Address: _____