NORTH CAROLINA
HOME CARE INDEPENDENCE PROGRAM

PARTICIPANT ENROLLMENT FORM

I, _____, choose to participate in the Home Care Independence program. I understand my participation in Home Care Independence is voluntary and comes with certain responsibilities.

As a Participant in the Home Care Independence Program:

1. I will develop a Plan of Care and a Home Care Independence budget with the support of my Care Advisor and others, if needed
2. I understand that the fiscal agent, GT Financial Services, will assist me by paying the workers I hire and by deducting taxes from my employees' paychecks as well as filing these taxes with the appropriate authorities when due.
3. I understand administrative and payroll costs for the fiscal agent are built into my Home Care Independence budget.
4. I understand I may get assistance from my Care Advisor at any time in making sure the budget follows my Plan of Service if for any reason my needs change.
5. The budget that is developed will be used to meet my monthly needs to purchase services and supports related to my current Plan of Care and to any revisions in the Plan of Care that may be necessary.
6. I am responsible for monitoring my expenses to remain within the budget. I will request training as needed for managing my budget.
7. I will choose services and supports that will meet my Plan of Care needs in a cost-effective manner. I will utilize natural supports whenever possible. I will not use Home Care Independence funds to purchase services and supports that I may be eligible for under other existing programs such as Medicare or Medicaid.
8. I will choose who provides my services and supports. I understand that individuals I may want to employ as Home Care Independence providers are required to meet certain employment criteria. They must be:
    - 18 years of age or older
    - U.S. citizen or legal alien authorized to work in the U.S.
    - Have a picture I.D. and a copy of his/her Social Security Card.
    - Ability to communicate successfully with me, the Participant, or my Representative, if applicable
    - Submit an employment application.
    - Submit to a criminal background check.
    - Submit to drug testing or health testing
9. I understand I will be the employer of record for the workers that I may employ.
10. I understand I am responsible to verify that self directed services are accurately delivered as planned or scheduled. I am responsible for notifying my Care Advisor

11. I understand that Home Care Independence options may be limited or discontinued if I and/or my Care Advisor find the following:
    - My health and safety or that of another person becomes threatened and I am in harm's way
    - My expenditures become inconsistent with the established plan and budget and cannot be resolved
    - The conflicting interests of another person are taking precedence over my desires, best interests, and/or ability to make decisions regarding the care that I need and I have no one to act as my Representative.
    - Funds allocated for my care have been used for illegal or non-intended purposes.
    - My needs have reached the level of institutional requirements.
12. I understand that my Care Advisor is available during normal business hours of provider agency to answer questions about my rights and responsibilities as a participant in the Home Care Independence program.
13. I understand that if I am not satisfied with how I am treated while participating in the Home Care Independence program, I have the right to participate in the grievance process established by the local agency operating the Home Care Independence program.

I have read this document and understand my responsibilities as an enrollee in the Home Care Independence program. I will be provided a copy of the document for my records.

Participant (Enrollee) **Signature**/Date	If Applicable **- Representative or Guardian Signature**/Date
Printed Name of Participant (Enrollee)	If applicable - Representative or Guardian Name **(Print)**

I have received a copy of this document: Initial_____ and Date _____

Eff. 7/1/11