



**ARIS Solutions -- Agency of Human Services Self and Surrogate-
Managed Programs**

CPCS Legally Responsible Adult Payment Information Form

This form collects basic information to link you to the individual receiving care. **Legally Responsible Adults are eligible to be compensated when a personal care attendant is unavailable due to significant and recurring barriers. Individuals on the Office of Inspector General exclusion list are ineligible to receive Medicaid funds.**

Legally Responsible Adult's Name: _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone Number: _____

Relationship to child (ex. Parent/Guardian): _____

Are you a Foster Parent or Shared Living Provider? ____ Yes ____ No

Legally Responsible Adult's Social Security Number: _____

Child Name: _____

Child Date of Birth: _____ **Child's Social Security Number:** _____

Legally Responsible Adult's Signature: _____ **Date:** _____

Financial Management Support Empowering Independent Lives.
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