

## WORK - Electronic Consent Statement

I \_\_\_\_\_ understand that the following documentation

Name of WORK Member

resulting from my meeting with (choose one of the following)

Assessor

\_\_\_\_\_  
Name of Assessor

ILC

\_\_\_\_\_  
Name of ILC

on \_\_\_\_\_ will be submitted electronically with my electronic signatures to my

Date

MCO Service Coordinator and the KDHE WORK Program Manger.

Please check documents that will include my electronic signature.

WORK Assessment Tool

WORK Residency Form

WORK Member Agreement Form

WORK Emergency Backup Plan

WORK Individualized Budget

This electronic signature is a one-time event directly associated to this assessment and will only be used to sign my WORK assessment and associated documents as noted above. Once I have submitted my electronic signature, it cannot be withdrawn.

Applicable to Assessor After the Assessor has submitted the assessment and associated materials to my MCO Service Coordinator (the Assessor and MCO Service Coordinator may be the same person) and the KDHE WORK Program Manager, and it has been reviewed, I understand that I will be receiving copies of all the above noted material from my MCO Service Coordinator. I also understand that my assessed hours may change once reviewed. If for whatever reason I am unhappy with my assessment or hours I have rights to request a review or file an appeal. If I have questions associated with the documents and contents, I may contact my MCO Service Coordinator or the WORK Program Manager.

Applicable to ILC After my ILC has submitted the above named documents to my MCO and the KDHE WORK Program Manager, and it has been reviewed, I understand that I will be receiving copies of all the above noted material from my MCO Case Manager. If I have questions associated with the documents and contents, I may contact my MCO Case Manager or the WORK Program Manager.

I have read, understand, and accept the Electronic Consent Statement. This authorization will expire one year from the date signed.

\_\_\_\_\_  
Signature of Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Legal Guardian or Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Assessor or ILC Signature

\_\_\_\_\_  
Date