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| I  |       | understand that the following documentation resulting from |
|  | **Name of STEPS Participant** |  |
| meeting with my Community Service Coordinator (CSC) |       |
|  | **Name of Community Service Coordinator** |
| on  |       | will be submitted electronically with my electronic signatures to my MCO Service |
|  | **Date** |  |
| Coordinator and the KDHE *STEPS* Program Manager.  |
|  |
| Please check documents that will include my electronic signature: |
|[ ]  *STEPS* Service Plan |
|[ ]  *STEPS* Emergency Backup Plan |
|[ ]  *STEPS* Participant Agreement Form |
|  |
| This electronic signature is a one-time event directly associated to my *STEPS* assessment and will only be used to sign the associated documents as noted above. Once I have submitted my electronic signature, it cannot be withdrawn. |
|  |
| After my CSC has submitted the above-named documents to my MCO and the *STEPS* Program Manager, and it has been reviewed, I understand that I will be receiving copies of all the above noted material from my CSC. If I have questions associated with the documents and contents, I may contact my MCO Case Manager, my CSC, or the *STEPS* Program Manager. |
|  |
| I have read, understand, and accept the Electronic Consent Statement. This authorization will expire 13 months from the date signed.  |
|  |
|       |       |
| Signature of Member | Date |
|  |  |
|       |       |
| Signature of Legal Guardian or Representative  | Date |
|  |  |
|       |       |
| CSC Signature | Date  |