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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 Once I have submitted my electronic signature, it cannot be withdrawn.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. | | | | | | | | |
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|  | | | | | | |  | |
| Signature of Member | | | | | | | Date | |
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|  | | | | | | |  | |
| Signature of Legal Guardian or Representative | | | | | | | Date | |
|  | | | | | | |  | |
|  | | | | | | |  | |
| CSC Signature | | | | | | | Date | |