

Individual Provider (IP) Attestation of Informal Support

Informal support is when somebody helps a client with one or more of their personal care needs without being paid by DSHS. There are a lot of ways clients could get informal support, including from their church members, school staff, or their neighbors. Getting informal support may reduce the number of personal care hours the client is eligible for.

DSHS will only count an IP as doing informal support if:

- 1. Both the IP and client agree to some tasks being done without payment; and
- 2. **Either** the IP and client are family members, **or** the IP and client live in the same house and did so before the provider became an IP.

CLI	ENT NAME	CLIENT ACES ID NO.	IP NAME
During the client's CARE assessment, you and the client said that you will provide some informal support. That means there are some tasks that you want to do for the client without being paid by DSHS. This attestation is to make sure you understand how informal support works and that you agree to do it for this client.			
Please check the box that best matches your situation:			
	I have a family member relationship to the client; or		
	I am a household member with the client. I live with the client and I lived with the client before I became their IP.		
My signature on this agreement shows that I understand that:			
•	Providing unpaid informal support is volumot.	ntary. That means it is	s up to me to decide whether I want to do it or
•	If I choose not to provide unpaid informal support, the client's monthly hours could increase. If the client's hours increase, the client could choose to assign the hours to me.		
•	My collective bargaining representative SEIU 775 advises that I should not provide unpaid informal support because it may reduce my paycheck below what it would be if I decline to provide informal support.		
•	If I choose to provide unpaid informal support, I may choose to stop providing unpaid informal support at any time and will not suffer any negative impacts. To stop providing unpaid informal support, I need to contact the client's case manager so that the case manager can make a change to the client's assessment.		
•	If I am a family member of the client or I li understand that I am allowed to care for t be paid for time spent providing care that	he client above and be	eyond the hours in my authorization. I will not
IP S	SIGNATURE		DATE

Case Manager: File the signed form in the client's file.

