



## Consumer Signature Form

Consumer name: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Please indicate the manner in which you will be signing your attendant's timesheets to authorize them for payment.

Full Signature as written here:

\_\_\_\_\_

"X" or other mark indicated here:

\_\_\_\_\_

Signature or Name Stamp as shown here:

\_\_\_\_\_

"Unable To Sign" – Please indicate:

That you will verify by phone OR

Identify someone who can verify by phone on your behalf:

Name: \_\_\_\_\_

Supports Coordinator: \_\_\_\_\_

FMS Specialist: \_\_\_\_\_

Date Submitted: \_\_\_\_\_