**Parent Pay Addendum (more than one recipient)**

**CONSUMER DRIVEN PLANS**

**For use when parent/guardian is being paid for more than one participant of a**

**Consumer Driven Plan (CDCS, CSG or FSG)**

This form needs to be filled out as an addendum to the plan for plan approval purposes. This form will not be shared with the FSE. When more than one person in the family is on support plans, we need to make sure that each individual person’s needs are met and we can only be assured of this by getting a picture of the entire picture of supports going into the home.

**Rules/Guidelines per Expenditure Guides:**

* Parents as support staff for **adults:** Limited to 40 hours a week per parent/guardian.
* ALL parent/guardian must meet the staff qualifications described in the Consumer Support Plan. The rate of pay must be within the typical range of pay.
* Parents of minors are limited to 40 hours a week total for parents paid, regardless of the number of children with disability and/or the number of parents being paid. Parents include biological parents, step parents and adoptive parents. Payment must be for tasks above and beyond typical age appropriate parenting. (Examples: Reminders to brush teeth, physically assist showering, diapering an older child, etc.). Parents must have a work schedule and work tasks (what you put on your listed time card) that are above and beyond typical parenting identified in the support plan.
* When a child is on a waiver (CDCS), the child must have at least one dependency on the “MN DHS Supplemental Assessment for Children Under 18” in order to be eligible to have a parent paid.
* Parents/guardians of minors who are being paid as a caregiver may not also be listed as a person who is providing the unpaid habilitation on any CDCS plan.
* Staffing ratios of 1:1.

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| --- | --- | --- |
| Parents/Guardians | Name  | Does this person work outside the home? If yes, how many hours typically? |
| Parent #1 |       |       |
| Parent #2 |       |       |
| Step Parent #3 |       |       |
| Step Parent #4 |       |       |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of Participant | Funding Stream/Type of plan | Adult or a minor? | Parent #1 – Scheduled Hours on plan | Parent #2 – Scheduled Hours on plan | How many hours a day does this person typically go to work/school? |
|       |       |       |       |       |       |
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Other people in the household that are not a participant of a support plan include;

Show us what a typical weekly **time sheet** will look like, including all participants.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|       |       |       |       |       |       |       |