**Recipients Information**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Child’s Name: |  | Phone#: |  | Cell #: |  | |
| Date of Birth: |  | Address: |  | | | |
| Social Security#: |  | City/Town: |  | ME Zip Code: | |  |
| MaineCare #: |  | Gender: | Male Female | | | |
| Parent/Guardian Name: | | | | | | |

**Parent/Guardian Liability Acknowledgement Form**

Individual planning funds are not an entitlement and are subject to availability of funding.

Individual planning funds are designed to provide flexible short term; time limited support to *fill gaps in services that* *cannot be addressed through any other funding source*. IPF is last resort payer.

The funds may be a onetime purchase or may help the child/youth transition to a more stable service or funding source.

These services are part of the child’s service or treatment plan due to evidence of demonstrated need.

1. **State Held Harmless**: The Contractor will indemnify, defend, and save harmless the Department, its officers, agents and employees from any and all claims, costs, expenses, injuries, liabilities, losses and damages of every kind and description resulting from or arising out of the performance of this Agreement by the Contractor, its employees, agents, or subcontractors. This indemnification does not extend to a claim that results solely and directly from (i) the Department’s negligence or unlawful act, or (ii) action by the Provider taken in reasonable reliance upon an instruction or direction given by an authorized person acting on behalf of the Department in accordance with this Agreement. Nothing in this Agreement shall be construed as a waiver of the privileges or immunities of the State, its governmental entities, or its employees.
2. **Liability Insurance**: For the duration of this Agreement, the Provider shall procure and maintain a liability policy issued by a company fully licensed or designated as an eligible surplus line insurer to do business in this State by the Maine Department of Professional & Financial Regulation, Bureau of Insurance, which policy includes the activity to be covered by this Agreement with adequate liability coverage to protect the Contractor and the Department from suits. Prior to or upon execution of this Agreement, the Provider shall furnish the Department with written proof of an acceptable liability insurance policy.
   1. Certificate of Liability attached

Parent/Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Form Completed By:**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisors Name:

Supervisors Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_