DOMICILIARY CARE LUMP SUM PAYMENT to PROVIDER AGREEMENT

This agreement, mad	e on	between	,
hereinafter referred to as Cor	(Date)		(Name of consumer), hereinafter referred to as
neremarker referred to us con		(Name of provider)	, noremarker referred to do
Provider, located at			_•
(Addre	ss of Domiciliary	Care Home)	
Effective July 1, 2022	2, the amount	of the monthly Domi	ciliary Care state supplement was
increased by \$200 per month	for individua	ls and \$400 per mon	th for couples. The Social
Security Administration will	be issuing a o	ne-time lump sum pa	ayment to Consumers on January
2, 2023, to cover the timefra	me between Ju	ıly 1, 2022 – Deceml	per 31, 2022.
Upon receipt of the o	ne-time paymo	ent, the Consumer as	grees to pay the Provider or
Provider's Designee \$			
received between July 1, 202			
payment to the Provider by _			
7 -	(Date)	_	
SIGNED			
Provider	Date	Consumer or Person S	Signing on Consumer's Behalf Date
AAA Staff	———— Date	Relationship of Person	1 Signing on Consumer's Behalf