

**ACKNOWLEDGEMENT OF UNDERSTANDING:
SUPPORT ROLE**

Consumer: _____ **ISC Name:** _____

Please place original in consumer's file.

Also provide a copy of the form for the support provider and the consumer.

If you have any questions regarding this Form contact David Frydman at 603-228-1541.

Support Provider Information

Name: _____ Phone Number: _____

Address: _____ Professional / Friend

Original / Revision # _____

Description of Services:

Limitations upon Support Provider's Responsibilities:

I understand and accept the responsibilities indicated above. If support provider can no longer provide the support listed, please contact the consumer's Independent Service Coordinator immediately at (603) _____.

Signature of Support Provider

Date

Signature of *ISC or Consumer

Date

- If ISC signs form on behalf of consumer, signature serves as certification that ISC has explained to the Consumer the specific services this service provider is to render, as well as all limitations on services listed above.