



Tennessee Department of Human Services
Specific Assistance to Individuals Only Recipient Notice

Specific Assistance to Individuals Only

Date:

I _____ understand that _____
 is a licensed Personal Support Services Agency (PSSA).

I understand that a PSSA must keep detailed records of those individuals that they serve on a recurring basis/in a traditional in-home, non-medical assisted daily living arrangement.

I understand that a PSSA must notify individuals they serve of certain rights and obligations that are due to them.

I understand that while _____ is providing an identified emergency service to me, I am not considered to be a client of _____.

I understand that because I am not a traditional client of _____, and because I am only being served for the provision of specific assistance, _____ will not keep a traditional client file on me and that _____ is not responsible for noticing me of my available rights, responsibilities and other such things that Tenn. Comp. R. & Regs. 0940-05-06 Minimum Program Requirements For Personal Support Services Agencies requires.

 Client Name

 Client Signature

 Agency Representative

 Representative Signature