



**LIC Agreement between FI and Individual**

**All boxes below MUST be completed**

<b>Individual's Name:</b>	
<b>TABS:</b>	<b>MEDICAID:</b>
<b>Telephone:</b>	<b>Email:</b>
<b>Fiscal Intermediary:</b>	
<b>Agreement Effective Date:</b>	
<p>This Live-in Caregiver (LIC) agreement is between the Fiscal Intermediary (FI) and Individual. The FI is not a party to the LIC agreement between the Individual and Live-in Caregiver.</p> <p>In the event that the Agreement between the LIC and Individual ends early, it is the responsibility of the individual to notify the FI of the termination of the agreement. Notification must be made immediately (by end of next business day) to the FI by phone with follow up in writing (i.e., email, fax, letter, etc.).</p> <p>If the Agreement between the LIC and Individual is terminated, it is the Individual's responsibility to pay for expenses previously reimbursed by the LIC Stipend.</p> <p>In the event that room and board cannot be reimbursed by the Fiscal Intermediary (FI) (i.e., individual is hospitalized for a month or longer), the Individual or a 3rd party payer will be responsible for payments of rent and utilities.</p> <p>Reimbursements:</p> <ul style="list-style-type: none"> <li>• Room and board is paid for as part of the LIC Stipend. Room and board is limited to: rent, utilities, and food.</li> <li>• The FI will pay the rent by the first of the month to the Landlord. This payment will include the LIC portion of the rent as well as the Individual's stipend from the housing subsidy. The remainder of the payment will be made by the Individual.</li> <li>• Utilities will be paid by the Individual and reimbursed by the FI after receipt of the bill and expenditure form.</li> <li>• Food is reimbursable to the Individual after the FI receives the receipts and expenditure form.</li> <li>• The FI will inform the individual of any situations (i.e., hospitalization) which may cause the Individual to lose eligibility for LIC reimbursement.</li> </ul>	
The Individual and Fiscal Intermediary will review this agreement at least annually.	
By signing below, I agree to the terms outlined above as of the agreement effective date.	
<b>SIGNATURE of INDIVIDUAL/DESIGNEE: _____ DATE: _____</b>	
<b>SIGNATURE of Fiscal Intermediary: _____ DATE: _____</b>	

