

**KANSAS DEPARTMENT FOR AGING AND DISABILITY SERVICES
CUSTOMER FEE AGREEMENT**

1. I have provided accurate financial information to the assessor.
2. I understand I will be charged a fee for services based on my financial information. **(OAA programs exempt from fees – Donation Based Program only)**
3. I understand that I am obligated to pay the difference between the fees already remitted and the fees that would have been due if my financial information had been reported accurately.
4. I understand that my services will be terminated if my fees are not paid.
5. I understand my rights and responsibilities that are contained on the customer rights and responsibilities form (SS-12).

Customer's Signature or Mark	Date
Name of Customer (please print)	
Representative's Signature or Mark	Date
Name of Customer's Authorized Representative (please print):	
Witness's Signature	Date