



Advocacy • Action • Answers on Aging

Agreement for AAA 1-B Cost Sharing

County Access Centers

Oakland/Main Office
29100 Northwestern Hwy.
Suite 400
Southfield, MI 48034
Phone: 248-357-2255
800-852-7795
Fax: 248-948-9691

Livingston/Washtenaw
3941 Research Park Dr.
Suite B
Ann Arbor, MI 48108
Phone: 734-213-6704
Fax: 734-213-6806

Macomb
39090 Garfield
Suite 102
Clinton Twp., MI 48038
Phone: 586-226-0309
Fax: 586-226-0408

Monroe
14930 LaPlaisance
Suite 130
Monroe, MI 48161
Phone: 734-241-2012
Fax: 734-241-6877

St. Clair
501 Gratiot Blvd.
Suite 2
Marysville, MI 48040
Phone: 810-388-0096
Fax: 810-388-0122

Contributions are needed to support AAA 1-B services and are gratefully accepted. After you discuss the cost sharing scale with your care manager and decide how much you can contribute, please complete the information below. Thank you.

Cost Share Services: _____

I have been informed of the cost of the services provided to me through the AAA 1-B, and agree to share in the cost of services in the amount of \$_____ per hour, \$_____ per month, or \$_____ per day (for Out-of-Home Respite) of service provided. I understand that I will receive a monthly cost sharing statement showing the amount I have agreed to pay and the amount of service I have received.

Client Signature: _____

Client Name (Print): _____

Client Address (Print): _____

AAA 1-B Program: ISP CCM RRST RRR Other

Proxy Signature (if applicable): _____

Proxy Name (Print): _____

Send Statement to (if other than client): _____

Address (Print): _____

Date: _____ AAA 1-B Staff: _____