



Shopping Consent Form

Client Name: _____

Client ID#: _____

Provider Code: _____

I hereby give permission to my Homemaker to shop for me.

I understand that the Homemaker can only purchase items essential to me, which cannot be obtained by other supporters.

If paying by check, the check must be presigned and make out to a specific store.

Electronic Benefit Transfer card (EBT food stamps card) may be used by my Homemaker for grocery shopping.

I understand that the Homemaker is required to give me a receipt for all items purchased. The Homemaker may also ask me to sign a receipt verifying the transaction.

I further understand that my Homemaker cannot and should not carry out money management services such as:

- Writing checks for other than authorized shopping
- Using bank or automated teller machines
- Reconciling check books
- Paying bills
- Providing other bank services

Client (Signature):

Date :

Case Manager (Signature):

Date:

