# Participant Request to Waive cash card Clause

Minto Disability Services’ Money Handling procedure states that staff are not permitted to handle participant’s bank cards, credit cards, and / or pin number, including use of the tap and go function. This procedure is designed to protect all parties and minimise potential risks. Minto Disability Services discourages staff from financial involvement with participants, however, we have an understanding of the need to assist participants with small day to day purchases during shifts.

As a result of your specific circumstances you have requested, Minto Disability Services waives this clause and will allow staff to purchase groceries on your behalf using your cash card.

1. Period of waiver requested: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **to** \_\_\_\_ / \_\_\_\_ / \_\_\_\_
2. Maximum amount per use $\_\_\_\_\_.00
3. For the sole purchase / payment of
   1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Conditions of use**:

Each use will be recorded in nominated ledger or similar document, and contain the following minimum details:

* Timecard was taken out of direct control of participant and time returned
* Name and signature of staff utilising the card
* Intended use of card
* Copy of receipt
* Check that items received match receipt
* Co-signature of participant on the ledger

Is a PIN Number required for the staff to utilise the card: circle **YES** or **NO**

Who will provide the PIN number to the staff member on the day of use? \_\_\_\_\_\_\_\_\_

When specific staff are nominated as sole users of the card in line with the conditions they must be named and sign in the spaces provided at end of this form.

By signing this form, you (the participant) are acknowledging the risks associated with this request and accept the potential consequences. Minto Disability Services will make all efforts to ensure the risks are minimised and staff actions are accountable in accordance with the details below.

Customer name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Customer Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Minto Disability Services representative’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Minto Disability Services representative’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Are specific staff nominated as sole users of the card, with use in line with the conditions and approval noted above? **YES** or **NO**

Name of staff (up to two preferred):

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of nominated staff as agreeing to nomination and conditions.

(1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (2)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

As staff signing this form and signing the record / ledger, you are accepting responsibility for the care and approved use of the card.