

## Agreement Regarding Restricting Access to Money

To the best of my ability I understand that I have a medical disorder. The name of this medical disorder is Prader-Willi syndrome.

To the best of my ability I understand that one of the symptoms of Prader-Willi syndrome is that I am driven to take and eat or hide unauthorized food, money, and/or or other items that are not safe for me to have or that do not belong to me.

I cannot control this symptom. I cannot force myself to return unauthorized food items or other items. I cannot stop myself from spending money to purchase food.

To the best of my ability I understand this symptom can be dangerous to me and threatens my health and safety.

I want all of my care providers, including family members and professional staff, to always try to keep me safe. To the best of my ability I understand that supervision alone may not be adequate or enough to keep me from keeping or hiding food, money, or other items that I should not have or that don't belong to me.

Therefore, I agree to allow the home staff to hold my money for me and help me make purchases that are appropriate and do not interfere with my health and safety.

I do not waive this authorization even when I may become upset when the home staff determine that purchases I wish to make may jeopardize my health and safety and are therefore keeping me safe by restricting my access to such monies.

This agreement may only be changed during my Person-Centered Plan/Individual Program Plan at which my parent(s) and/or care provider and/or conservator are present.

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_