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| **DEPARTMENT OF HEALTH SERVICES**Division of Public HealthF-02425 (06/2023) |  | **STATE OF WISCONSIN** |
| **WISCONSIN ALZHEIMER’S FAMILY CAREGIVER SUPPORT PROGRAM (AFCSP)****HOME-DELIVERED MEALS CONTRIBUTION AUTHORIZATION** |
| This form authorizes contributions to Home-Delivered Meals or Senior Dining Meals to be reimbursed with an AFCSP allocation approved for: |
| Name |
|       |
| Street Address | City | State | Zip |
|       |       |    |       |
| Amount of Money to be Contributed per Meal |
| $      |
| This authorization begins with the meal served on |       | and will continue until  |
|  | Date |  |
| the signed authorizer gives notice to stop. The AFCSP caregiver and program participant  |
|  |
| understand that qualified OAA meal participants are not required to make a contribution in order to  |
|  |
| receive meals, and that authorizing a contribution to Home-Delivered Meals or Senior Dining Meals  |
|  |
| reduces the amount of AFCSP funds available for other caregiver support services. |
| **SIGNATURE** – Participant or Authorized Representative | Date Signed |
|  |  |
| **Submit** this completed form to the AFCSP coordinator and appropriate fiscal staff. Nutrition program staff will retain a copy of this completed form and also provide a copy to the primary caregiver of the AFCSP participant. |