

Disability Benefit Specialist Program Extended Services Agreement

Instructions

Disability benefit specialists are required to use a client services agreement for all DBS cases. See Sections III.D and III.E of the [ADRC Operations Manual: Disability Benefit Specialist Program \(P-03062-05a, PDF\)](#).

The [Disability Benefit Specialist Program Extended Services Agreement \(F-02562\)](#) (ESA) is used to document the nature of services that you (the disability benefit specialist) have agreed to perform on your client's behalf. The ESA explains important limitations to the services received and the client's rights and responsibilities while receiving disability benefit specialist services. The ESA is used when you have agreed to assist your client with activities that cannot be resolved in one contact.

The [Summary of Brief Services and Closing Notice \(F-02562A\)](#) is used when the client's benefit topic can be resolved in a single contact without the need for ongoing activity. **A client services agreement is not required for a general information and assistance or referral-only contact.**

How to complete the form: Review the ESA with your client (and legal guardian, when applicable) prior to providing client-focused benefit counseling or advocacy services. The ESA may be reviewed in person, through a virtual platform (for example, Zoom), over the phone, or by email.

Introduction

1. Type or enter the date in the **Today's date** field.
2. Type or print your agency's name in the **Agency** field.
3. Type or print your client's name in the **Your name** field.
4. Type or print your name in the **My name** field.

Section 1: How I am helping you.

Click or mark an "X" in the boxes next to the benefits counseling and advocacy services you have agreed to perform for your client. If the option requests additional details, type or print the details in the appropriate field.

If you are helping the client enroll in a Medicare Advantage or Medicare Prescription Plan, print or type the name of the plan in the space provided.

Check all boxes that apply.

Section 2: Important information about Medicare counseling (if applicable)

1. Check or mark an "X" in the box if you provided Medicare counseling to the client.
2. Review the statements with your client.

Section 3: Your rights and responsibilities

1. Review the rights and responsibilities statements with your client.
2. If the client has given you permission to share information with a specific person(s), type or print the person's name, the person's relationship to the client, and the information that you are permitted to share with the person in the appropriate fields.
For example, your client has asked you to schedule appointments with their spouse. Type or print the spouse's name, the relationship to the client (spouse), and the permitted disclosure (scheduling appointments).

3. If you are employed by an agency with multiple disability benefit specialists, check or mark an "X" in the check box to the statement explaining confidentiality in multiple disability benefit specialist agencies. Type or print your agency's name in the appropriate field. Skip this subsection if you are not employed by an agency with multiple disability benefit specialists.
4. If your agency uses an electronic case filing system and someone other than you scans documents into the system, check or mark an "X" in the check box next to the statement about electronic files. Type or print your agency's name in the appropriate field.
5. If you are collecting documents that authorize another person to sign for or represent your client, explain the process for adding these documents to the reporting and case management system. Explain who can view the documents to the client. Check or mark an "X" in the check box next to the statement about storing documents in the reporting and case management system, and check or mark an "X" next to the document(s) that the client consents to adding to the statewide database.
6. Type or print your preferred method of contact, phone number and/or email address in the appropriate field.
7. Enter the number of business days that represents a typical response time for returning calls in the appropriate field.
8. Enter the frequency for which you expect your client to contact you in order to keep their case open, for example, "every 30 days" or "at least once per month" in the appropriate field.
9. If you are assisting with Social Security disability benefits, check or mark the box to indicate so.

Note: the ESA is not a formal release of information. When needed, you must obtain signed releases of information as required by your agency.

Section 4: Signatures

1. Offer the client an opportunity to ask questions prior to signing the form.
2. Type or print the name of the client, legal guardian (if applicable), and disability benefit specialist.
3. Type or print the date in the date signed field.
4. Ask the client and legal guardian (if applicable) to sign their name(s). If the client has a legal guardian, the legal guardian must sign the form. When possible, obtain signatures from both the client and the legal guardian.
5. Sign your name.
6. Give a copy of the signed form to the client and, if applicable, the legal guardian.
7. File a copy of the signed form in your electronic or paper file.

If the client is not able to sign the ESA in person, use one of the alternatives listed in the [ADRC Operations Manual: Disability Benefit Specialist Program \(P-03062, 05a, PDF\)](#).

Appendix: Appointed Representative Agreement. The Appointed Representative Agreement is required if you have agreed to be an appointed representative for your client's claim with the Social Security Administration. Skip this section if you are not signing on as an appointed representative.

Section 1: Length of appointment of representative status

1. Click or mark an "X" in the box next to the type of claim you are assisting with. If you check "Other," also type or print details about that claim.
2. Review the statements with your client.

Section 2: My duties as your representative

Review the statements with your client.

Section 3: Signatures

1. Review the statements with your client.
2. Offer the client an opportunity to ask questions prior to signing the form.
3. Type or print the name of the client, legal guardian (if applicable), and disability benefit specialist. Type or print the date in the Date signed field.
4. Ask the client and legal guardian (if applicable) to sign their name(s). If the client has a legal guardian, the legal guardian must sign the form. When possible, obtain signatures from both the client and the legal guardian.
5. Sign your name.
6. Give a copy of the signed form to the client, and if applicable, the legal guardian.
7. File a copy of the signed form in your file.

Reviewing the ESA. Review the ESA with your client (and their legal guardian, if applicable) any time there is a change in the services you have agreed to provide. Changes are indicated by recording your initials and the date of the change next to the line item that has changed.

Review the ESA annually (at minimum) if the case remains continuously open for more than eleven months. Have your client (and legal guardian, if applicable) sign the reviewed agreement.

Create a new client services agreement whenever a client returns for additional services after their prior case has closed. See Sections III.D and III.E of the [ADRC Operations Manual: Disability Benefit Specialist Program \(P-03062-05a, PDF\)](#)