

Maryland State Department of Education
Division of Rehabilitation Services
Request to Establish Recurring Payments To Participants
(Maintenance, Transportation and Other Allowances)

Name: _____ Participant ID: _____

Mailing Address: _____

(Be sure to include in **AWARE** Participant Module, Personal Information, if different from main address)

The following recurring payments are required to support achievement of the employment goal on the Individualized Plan for Employment (IPE) or independent living goal on the Independent Living Plan (ILP). This support service is included on the IPE or ILP if the total amount exceeds \$200. Payments must be consistent with the amount allowed in the DORS Fee Schedule, RSM 5. *The recurring payment cycle shall be initiated early enough for the consumer to receive payment in time to cover the agreed-upon expenses.*

- ☐ **Maintenance.** This payment is toward additional costs for demonstrated needs over and above usual living expenses when another source is not available for such costs, and they are directly related to the employment goal (or IL goal, for ILOB). *M&T Log (RS-3k) is required.*
- ☐ **Transportation.** This payment is toward transportation to support achievement of full benefit from other services being provided. The amount and type of funding is determined individually with consideration of the most cost-effective means of transportation consistent with the individual's needs and level of independence. *M&T Log is required.*
- ☐ **Other.** This payment is toward other services when necessary to support the rehabilitation of the participant, e.g., attendant care; readers). *PAS Monthly Log (RS-6s) required for attendant care; M&T Log required for all other services.*

Recurring Payment(s) Requested:

Type	Bi-Weekly Amount	Number of Pays	1 st Week Mailed	Total Amount
Maintenance	\$			\$
Transportation	\$			\$
Other	\$			\$

These payments may be modified or discontinued based on changes in the consumer's rehabilitation program. The consumer will be informed of any changes. Consumers should contact their DORS counselor if they are not receiving payments in a timely manner.

Willful knowledge of fraud concerning this request for the payment of money is subject to prosecution by the Maryland State Department of Education, Division of Rehabilitation Services.

Participant Signature/Date: _____

DORS Counselor Signature/Date: _____

DORS Supervisor Signature/Date: _____

c: Consumer

RS-3d:09/13 Required

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Note: this form is to be forwarded to DORS Accounting in conjunction with the first Authorization Review report for this participant for this cycle.