



Participant Financial Consent Form

Participant Name

Date

Participant approves the use of Financial Consent Form?

☐

Yes

☐

No

By signing this form, I hereby grant permission for the Support Workers listed below to:

- Hold my financial card and/or money for the purpose of purchasing items* on my behalf
- Make transactions on my behalf and returning my card before the completion of the shift
- Upon return of the card, be provided with Receipts for each purchase that was made

** Items are limited to groceries, meals, medications and/or other essential items that have been agreed to between the participant and ICAS.*

Names of Approved Support Workers

I hereby declare, and understand that I have given authority for the Support Workers named above to assist me whilst on their shift to purchase items on my behalf. This authority remains in force until revoked, reviewed or superseded.

Signature of Participant

Date

ICAS Signature

Date