



## **DURABLE POWER OF ATTORNEY**

### **INFORMED CONSENT**

#### **Durable Power of Attorney (POA) Relationship**

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Welcome to Elatus Essential Support Services (Elatus). This document contains important information about our professional services and business policies and practices. It also contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and patient rights about the use and disclosure of your Personally Identifiable Information (PII) for the purposes of transactions that involve you. Although this document is long and sometimes complex it is very important that you review and understand it. When you sign this document, it will represent an agreement between us. We can discuss any questions you have before you sign this form or at any time in the future.

\_\_\_\_\_ **Initials**

The POA-Client relationship is a sensitive ballet between a person's rights and the awesome responsibility that comes with managing a Client's Social Security and other government funds.

To be clear: **WITH YOUR AGREEMENT THIS RELATIONSHIP MAY AFFECT ANY MONEY YOU EARN IN WORK OR TRAINING OUTSIDE OF GOVERNMENT ENTITLEMENTS OR BENEFITS.** \_\_\_\_\_ **Initials**

As a Client, you have certain rights and responsibilities that are important for you to understand. There are also legal limitations to those rights that you need to know. We, as POA, have corresponding responsibilities to you. These rights and responsibilities are described for you in the following sections.

**Elatus Essential Support Services, Inc., PO Box 131, Weymouth, MA 02190**  
**davidr@elatus.us (781) 974-3573**  
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### **Qualifications:**

The founder is a 32+ year retiree of the US Army and Veteran. He served in the United States and overseas in a variety of roles that include peacekeeping and combat support. His primary roles throughout civilian and military careers have always been that of an educator, facilitator and counselor. Whether managing group homes for developmentally disabled adults, those with a physical disability, mental illness or addictions to training adult learners in new military skills required for combat zone deployments, David Rapaport has always worked with stakeholders collaboratively towards success. Graduate training in Management, Education and Mental Health Counseling have prepared him to work with beneficiaries and other stakeholders in a productive and therapeutic manner that encourages recovery, growth and the level of financial independence that you choose.

### **Philosophy:**

Elatus firmly believes in the capabilities of each person to succeed. Success is measured incrementally and generally does not happen overnight. We do not build or learn resiliency and self-respect by ourselves. Rather, we seek support from others to find it within ourselves. We all bring something of value to our individual journey. Regardless of where we are in our voyage dignity and respect are the starting point and not the end product. [REDACTED] **Initials**

### **Goals of the POA and Client:**

The Durable Power of Attorney allows the POA to pay your current bills, ensure that you have all your needs met, and provide for a savings plan. Additionally, your status as a Client should never be thought of as permanent. Your goal should be to seek meaningful recovery and a stable living situation that includes the development of money management skills that allow you to participate to your fullest. [REDACTED] **Initials**

***Please let us make it clear: Your POA did not make the decision that you need this level of assistance and we cannot return you to individual payee status without 90 days' notice to leave***

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*the program. What we can do is include you in development of the initial and any follow-up budget planning. You are a key stakeholder in the process. \_\_\_\_\_ Initials*

**Case Management Strategies:**

You have requested a POA for a reason. Whether it is ability, sobriety, addiction, homelessness or a combination of factors, it is your responsibility to work within the rules of the program to continue receiving services. \_\_\_\_\_ Initials

Elatus is required to meet with you on a regular basis. The frequency is not specified. To ensure that we are available alternate arrangements such as Skype, Facetime or another communications method may be set up. We may establish set office or meeting hours at shelters across the city or meet in your home. If you are outside of the Metro-Boston area, we will make other arrangements to meet at a shelter or other safe facility near you. If you are hospitalized, we will make appropriate arrangements to communicate or meet. Under no circumstances will we meet outside of a shelter or other safe environment. Your safety, as well as that of the Elatus staff must be ensured. You must be sober and free of illegal, non-prescribed, and improperly dosed substances. This is for your own protection. Decisions that you make under the influence of mind-altering substances may not be in your own best interest. \_\_\_\_\_ Initials

Elatus will only accept changes to your financial plan in consultation with you or your treatment team. Any creditors may contact Elatus at 781 974-3753 and will be informed of this policy. Emergency and routine medical expenses will be paid from your monthly check(s) if you have no other insurance coverage. It is your responsibility to complete and submit any paperwork required by any federal, state or private insurance agency. Your Social Security and other government agency funds may only be used to meet your current needs. Past debts will be addressed on a case-by-case basis but are not required to be paid by the POA. \_\_\_\_\_ Initials



Throughout our relationship you are in transition towards an independent and healthy lifestyle. To facilitate that way of life our goal will always be to direct you towards treatment, recovery and permanent shelter. We recognize that this goal is an ongoing process and will succeed only when you are ready. It is your responsibility to keep moving forward. \_\_\_\_\_ **Initials**

Throughout treatment and recovery, it may be possible that additional portions of your funds will be directed to you in a written plan to rehearse responsible money management and other skill building tasks. This will only happen within a team of stakeholders that includes the Social Security Administration or other government agency and your clinical team when you are in a stable and safe environment. The POA is recused from making any budgeting decision but may have input in the decision. The POA will meet with you and your treatment team if you request it. \_\_\_\_\_ **Initials**

### **Confidentiality:**

Elatus will make every effort to keep your personal information private. If you wish to have information released to a third party, you will be required to sign a consent form. There are some limitations to confidentiality of which you need to be aware:

- You may request that Elatus attend treatment team meetings with you to discuss financial matters. We may attend in person, by phone, video conference, or other appropriate means. \_\_\_\_\_ **Initials**
- We may consult with another professional to give you the best service. If consultation is required no identifying information such as your name would be released. \_\_\_\_\_ **Initials**
- ***We are required by law to release personal information if you pose a risk to yourself or others and in cases of suspected abuse to children or the elderly.*** \_\_\_\_\_ **Initials**
- If a court order or subpoena is received, we may be required to release some information. In such a case, we will consult with other professionals and limit the release to only what is necessary by law. You will be advised. \_\_\_\_\_ **Initials**

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### **Technology:**

Computer and internet banking technology have improved our ability to serve you effectively. Your bills will be paid electronically monthly. You will receive a spending per diem for personal needs. That amount will be determined by you or your treatment team based on your needs. Your per diem funds will be transferred weekly or monthly to a debit card attached to a bank account that will be registered in your name. You will use the card when making allowed purchases of food, clothing, toiletries, and other needs. You may be required to provide receipts. If you lose the card it is your responsibility to work with the bank and obtain a new card. A bank account is a key step in achieving financial responsibility. This is a non-negotiable element of the Elatus program. If you have a bank debt we will work collaboratively to resolve the debt and obtain a bank account in your name with Elatus as POA. \_\_\_\_\_ **Initials**

**Cash is not available to you through this POA arrangement. This extreme step is in place for your own safety.** \_\_\_\_\_ **Initials**

### **Record Keeping:**

Accurate financial records are kept ensuring an audit and spending trail for government funders, as well as for yours and our protection. Your records will not be shared except with respect to the limits to confidentiality discussed in the Confidentiality Section. Should you wish to have your records released, **you will be required to sign a Release of Information specifying what information is to be released and to whom.** Records will be kept for at least seven (7) years, but may be kept for longer. Records will be kept on a secure cloud platform, a secure USB flash drive or in a paper file and stored in a locked cabinet securely in my office or other protected location. You will have access to your records, though I may ask you to sign a release of information prior to showing them to you. **There may be additional charges for research or other expenses if records are requested outside of the normal treatment team process.**



Your records will be stored at no charge for up to seven (7) years. You may retrieve a digital copy of your records at no cost during that period. Any research or other detailed work not required by Social Security or other government agency will be billed to you at the rate of \$75 per hour. Those charges will be agreed to beforehand and may include additional fees for copying, transportation, labor, and any legal consultation needed.  **Initial**

### **Professional Fees:**

A monthly fee for managing government benefits or entitlement services will be billed monthly. Currently that fee is 4.5% of the monthly deposits but will not exceed \$75 per month. There is no set-up charge. Fees are billed for monthly services and are not discounted. The agreed to fees are listed on an addendum to this form. Monthly fees are inclusive of meetings and visits. If alternate charitable funding sources can be found you may not be charged at all. **Elatus will never double dip your funds.** If funds are expended by Elatus for you, a clear paper trail will be maintained for any reimbursement to Elatus. The fees collected are used to meet expenses of administering this program and salaries of staff. We are legally obligated to ensure that this fee is used in a responsible manner.  **Initials**

### **Insurance:**

Elatus maintains Criminal Activity Insurance with Travelers Insurance to protect your funds against internal theft while being managed by Elatus.  **Initials**

### **Contacting Elatus:**

We may not be immediately available by telephone. Our phones may not be answered when in meetings, otherwise unavailable or off duty. At these times, you may leave a message on our confidential voice mail and your call will be returned as soon as possible. This may take a day or two for non-urgent matters. **If you are hospitalized for any reason you must inform the staff that you have a Power of Attorney and provide Elatus contact information.**

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***If you feel that you are in personal or medical danger call 911.*** \_\_\_\_\_ **Initials**

**Email:**

We may request your email address. You have the right to refuse to divulge an email address.

We may use email addresses to periodically check in with you. Email addresses may be used to send newsletters with valuable information such as tips on money management. If you would like to receive any correspondence through email, please write your email address

here \_\_\_\_\_ **Initials**

**Consent to Services:**

Your signature below indicates that you have read this Agreement and agree to its terms.

**Client Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Typed or Printed Name** \_\_\_\_\_

**Social Security#:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Mother's Maiden Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_



**FEE ADDENDUM**

<b>Benefit Type:</b>	<b>Benefit Amount:</b>	<b>Monthly Fee:</b>
<input type="checkbox"/> Social Security Income (SSI)	\$ _____	\$ _____
<input type="checkbox"/> Social Security Disability Income (SSDI)	\$ _____	\$ _____
<input type="checkbox"/> Other SSA Benefit _____	\$ _____	\$ _____
<input type="checkbox"/> Veteran Benefits Administration	\$ _____	\$ _____
<input type="checkbox"/> Wages	\$ _____	\$ _____

**This effort will not succeed without a commitment from both of us to give it our best. We are not judgmental or biased about where you are on your chosen path. We collaborate in a journey of success that is meaningful, beneficial and healthy for you.**

**Elatus Services Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Typed or Printed Name** \_\_\_\_\_

**VERIFY 8 PAGES** \_\_\_\_\_ **Client Initials**

**END OF DOCUMENT**

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