

C.A.R.E.S., INC.
CLIENT ASSISTANCE PROGRAM

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Fax: (207) 377-7057

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Website: www.caresinc.org

RETAINER AGREEMENT

I, _____, authorize C.A.R.E.S., Inc. to act as my representative for Client Assistance Program (CAP) issues. Services provided by the CAP are limited to matters involving clients' and applicants' relationships with programs, projects and facilities providing services to them under the Rehabilitation Act.

The agreement does not obligate CAP to appeal any unfavorable decision issued or agreement reached about my concerns. Nor does it obligate CAP to provide services, if at any point CAP determines that my concerns no longer have sufficient merit to proceed.

I understand that I can cancel this agreement at any time, either orally or in writing. I also understand that C.A.R.E.S. can cancel this agreement at any time, but only by giving me a written explanation of the reasons.

This retainer remains in effect until the case is closed, or until it is cancelled.

Signed: _____ Date _____

If signed by a person other than the client, please indicate:

Parent _____ Guardian _____

Revised 4/24/07