**Self-Direction Pilot Purchase Plan for the Section 17 Waiver**

*This form* ***must*** *be completed and signed before you make a purchase with your self-direction budget. Contact your support broker with any questions.*

**Date:**

**Participant Name:**      

**Support Broker Name:**      

Item:

What is the documented goal or outcome from your person-centered Individual Service Plan that this item will meet?

How will this purchase help achieve your goal or outcome?

Is this purchase a one-time expense or a recurring expense, such as a monthly membership fee?

One-time  Recurring If recurring, please describe frequency:      

Can you access this item from another funding source (such as Division of Vocational Rehabilitation, MaineCare, or Supplemental Security Income)?  Yes  No

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Participant Signature** **Date**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Support Broker Signature** **Date**