



Self-Directed Services -- Actualized Costs – Lease

Individual (Tenant) Name:

Medicaid Number: _____

I certify that the above named individual resides at the address below and has full tenancy rights. Should he/she move or otherwise change addresses, I understand that I must notify EEDA Fiscal Intermediary immediately: (631)369-7345 or via email at FIDOCs@eed-a.org. You may be required to reimburse EEDA for any costs associated with any changes you failed to report to EEDA.

Address: _____

Effective Date (Date of first budget approval): _____ This Lease will remain in effect until notice of cancellation is received.

Name: _____ Signature:

Date: _____

FI Signature:

Date: