

Cell Phone Distribution Agreement

This document is a required agreement for the distribution of mobile phones and tablets for Foundational Community Supports (FCS) enrollees. These devices are intended to assist enrollees in their ability to find and maintain stable housing and employment, maintain health and other appointments, as well as navigate resources within their community.

The FCS provider must keep a copy of the signed and dated agreement.

1

FCS Provider Contact Information:

Provider Name

Provider phone number

Provider email address

Street address

City/State/Zip code

2

Signature

As a Foundational Community Supports (FCS) provider I agree that the mobile devices will only be given to FCS enrollees and commit to adding the mobile device as a strategy on an enrollee's care plan to help the individual achieve their housing and employment goals.

As an FCS provider, I agree to help FCS enrollees use the mobile devices and help them find resources to get the minutes/data replenished.

FCS provider signature

Date (mm/dd/yyyy)

FCS enrollee signature

Date (mm/dd/yyyy)

Device IMEI/ EMID Number

Note: Do not activate the device's data/minutes before it is given to an FCS enrollee.