Maryland
Department of Human Services
SOCIAL SERVICES ADMINISTRATION

Compensation Agreement for Lived Experts

This agreement must be completed and signed by all parties when a lived expert will be working with the Department of Human Services (DHS) in workgroups, youth advisory boards, focus groups, policy groups, or other formal activities.

Lived Expert Information

Name of Lived Expert	
Date of Birth	
Phone Number	
Email Address	
Address	

Local Department/DHS Information Information

Name of DHS or LDSS Office	
Name of Staff Member	
Phone Number	
Email Address	
Address	

Description of Work

Type Work (Task, Project, Workgroup, Conference, etc)	
How will the Lived Expert's Experience	

Contribute to the Work? (Expected Outcomes)	
Lived Expert's Responsibilities	
Dates and Duration of Work	
Work Hours/# of Hours per Week/Month	
Compensation	(hourly/daily) (check or gift card)

Acknowledgement and Signatures

By signing below, I/We agree that the information outlined in this agreement is accurate.

	Signatures	Date
Lived Expert		
DHS/DSS Staff Member		
DHS/DSS Program Manager		