

PLAN OF SERVICE PROVIDER SIGNATURE PAGE

Child's Name:	MID#:	Plan Start Date:	Plan End Date:
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Signature of providers responsible for Implementation of the Plan of Service

By signing this authorization I am indicating I have read the plan of service and am responsible for its implementation. Once this addendum is signed services may be implemented.

Printed Name (Include Agency Name or Independent provider)	Signature	Type of Provider and service(s) provided	Date signed