



## Service Plan Signature Page

<b>Client Information</b> <i>(complete all sections that apply)</i>			
First Name:	Last Name:	DOB:	Medicaid ID:
Staffing Date:	Certification Start Date:	Certification End Date:	
Service Plan Type: <input type="checkbox"/> Initial <input type="checkbox"/> CSR <input type="checkbox"/> Revision			
<b>Statement of Agreement</b>			
<input type="checkbox"/> Client/Guardian indicates that they are in agreement with the information in the Service Plan and agrees to receive services accordingly. OR <input type="checkbox"/> Client/Guardian acknowledges that they are choosing not to sign the Service Plan agreement. A Notice of Action will be provided as a result of not signing the Service Plan.			
<b>Signatures</b>			
Client Signature	Date	Legal Guardian Signature <input type="checkbox"/> Court Appointed Guardian	Date
Case Manager Signature	Date	Legal Guardian Signature <input type="checkbox"/> Court Appointed Guardian	Date
<b>Plan Participants</b>			
The following individuals participated in the development of this plan. This plan must be signed by all individuals and providers responsible for its implementation.			
Name	Title or Relationship	Signature	Date

Client must receive a copy of this completed signature page and a copy retained in case management agency files.

