Participation agreement/signatures

I have reviewed the CDCS services participation agreement on the previous page with my lead agency representative. I understand my responsibilities under this service option.

PERSON RECEIVING SERVICES SIGNATURE	DATE

LEGAL REPRESENTATIVE SIGNATURE	DATE

Lead agency review (for lead agency/case manager/care coordinator use only)

- ☐ This plan includes a habilitative component (if required)
- ☐ I have reviewed health, safety and emergency plan.
- ☐ This plan and budget is approved.

NOTES/COMMENTS

Signatures

LEAD AGENCY (COUNTY/TRIBAL NATION/MANAGED CARE) REPRESENTATIVE SIGNATURE	ROLE/TITLE	DATE
LEAD AGENCY (COUNTY/TRIBAL NATION/MANAGED CARE) REPRESENTATIVE SIGNATURE (if applicable)	ROLE/TITLE	DATE