

Supports Brokerage Agreement

Supports Brokerage Agency:		Fiscal Intermediary:	
<i>Please select preferred form of communication</i>			
Supports Broker Name	<input type="checkbox"/> Email	<input type="checkbox"/> Phone Number	
Person Directing Services	<input type="checkbox"/> Email	<input type="checkbox"/> Phone Number	
Authorized Representative/Natural Support	<input type="checkbox"/> Email	<input type="checkbox"/> Phone Number	
Support Coordinator	<input type="checkbox"/> Email	<input type="checkbox"/> Phone Number	
Self-Directed Services			
Current:		Working Toward:	
ISP Outcome(s):			
Service Detail Report (SDR)			
Start Date:		End Date:	
		Units Per Week:	
		Total Units:	

I, _____ (person directing services or authorized representative) agree that my Supports Broker will **assist** me in completing the tasks below within the estimated timeframes.

Task #	Task to be Completed	Estimated Timeframe to Complete	Estimated # of Hours Per Week

Tasks can be time-limited or ongoing. Estimated timeframes must be reasonable and ethical, keeping in mind that the individual's budget funds Supports Brokerage Services. The person, authorized representative, and supports broker must agree to work within the timeframes listed; and, if you need to revisit timeframes, all must agree to any changes. Supports Brokers cannot bill for services that do not align with the service description. The Supports Brokerage Agreement must be reviewed and updated as needed and at least annually in alignment with the current plan year.

Individual Signature: _____ Date: _____

Supports Broker Signature: _____ Date: _____

Authorized Representative Signature (if applicable): _____ Date: _____

Email the completed and signed Agreement to the Support Coordinator for upload to iRecord, and copy the DDD Office of Education on Self-Directed Services at DDD.OESDS@DHS.NJ.GOV.