

## Supports Broker Agreement

Individual Name: \_\_\_\_\_ DDD ID#: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Supports Broker Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

SB Type: ☐ Independent ☐ Agency Agency (if applicable): \_\_\_\_\_ Fiscal Intermediary: \_\_\_\_\_

Support Coordinator: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Representative/Support: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

| Self-Directed Services – Current |  | Self-Directed Services – Working Toward |  |
|----------------------------------|--|-----------------------------------------|--|
|                                  |  |                                         |  |
|                                  |  |                                         |  |
|                                  |  |                                         |  |

| ISP Outcomes |         |     |         |
|--------------|---------|-----|---------|
| No.          | Outcome | No. | Outcome |
|              |         |     |         |
|              |         |     |         |

### Service Detail Report – Supports Brokerage Services:

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Units Per Week: \_\_\_\_\_ Total Units: \_\_\_\_\_

| Strategies |                      |                     |                      |
|------------|----------------------|---------------------|----------------------|
| No.        | Agreed-upon Strategy | Estimated Timeframe | Estimated Hours/Week |
|            |                      |                     |                      |
|            |                      |                     |                      |
|            |                      |                     |                      |
|            |                      |                     |                      |

### Signatures

Individual: \_\_\_\_\_ Date: \_\_\_\_\_ Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Supports Broker: \_\_\_\_\_ Date: \_\_\_\_\_