



# SELF-DIRECTED SERVICES

# SELF DIRECTION VENDOR AGREEMENT

*Inclusion of OPWDD Agency/DPP/FSS Purchased Services in Self-Directed Plans  
This form is required at submission of the Self-Directed plan/budget that includes the service.*

Name (print): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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Service to be purchased: \_\_\_\_\_

Number of Annual Units/Hours: \_\_\_\_\_ Circle One: **Unit Hour** Cost per unit/hour: \_\_\_\_\_

Anticipated Effective Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Total cost of service: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Provider Agency Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Provider Name: \_\_\_\_\_

Provider Phone: \_\_\_\_\_ Provider Email: \_\_\_\_\_

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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Broker's Name: \_\_\_\_\_

Broker's Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Agency Affiliation: Independent

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Broker Phone: \_\_\_\_\_ Broker E-mail: \_\_\_\_\_