**Date of Meeting**

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**I approve the service plan as it was discussed at the team meeting.** \*

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Signature of Person Supported Signature of Legal Decision Maker

**My signature indicates that I have participated in the team meeting and development of the service plan. \***

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| Signature | Relationship/Title | Provider Agency (if applicable) |
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\*By typing my name, I am signing this application form electronically. I agree that my electronic signature is the legal equivalent of my handwritten signature. I attest, subject to the penalties of perjury that I am the individual completing this application and that I have provided accurate information.