**SIGNATURE PAGE**

I have reviewed the information for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on \_\_\_\_\_\_\_\_\_\_\_\_ (date). I have participated in the development of the following items in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_’s Plan (check those that apply):

\_\_\_ Overall Service Plan (ISP and PCSP combined)

\_\_\_ Risk Assessment

\_\_\_ Assessment Review

\_\_\_ Team review

\_\_\_ Other (Please list) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am signing this document that I have participated and attended the meeting for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I will do my best as a team member to be active in their plan and help to assure that I am assisting them to complete their goals and objectives.

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| Signature | Provider | Title |
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I approve of the plan as was discussed at this meeting. (Guardian Signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_

I approve of the plan as was discussed at this meeting. (Individual Signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_