| **OADS Person Centered Plan Agreement Sheet**The undersigned agree to provide services as identified in the annual Person Centered Plan (PCP) for \_\_\_\_\_\_\_\_\_\_\_\_\_ discussed on the Plan Meeting Date of \_\_\_\_\_\_\_\_\_\_\_.  |
| --- |
| **Name (print):** | **Name (print):** |
| **Signature:****Date of Signature:** | **Signature:****Date of Signature:** |
| **Title/Relationship to Person:** | **Title/Relationship to Person:** |
| **Organization (if applicable):** | **Organization (if applicable):** |
| **Name (print):** | **Name (print):** |
| **Signature:****Date of Signature:** | **Signature:****Date of Signature:** |
| **Title/Relationship to Person:** | **Title/Relationship to Person:** |
| **Organization (if applicable):** | **Organization (if applicable):** |
| **Name (print):** | **Name (print):** |
| **Signature:****Date of Signature:** | **Signature:****Date of Signature:** |
| **Title/Relationship to Person:** | **Title/Relationship to Person:** |
| **Organization (if applicable):** | **Organization (if applicable):** |
| **Name (print):** | **Name (print):** |
| **Signature:****Date of Signature:** | **Signature:****Date of Signature:** |
| **Title/Relationship to Person:** | **Title/Relationship to Person:** |
| **Organization (if applicable):** | **Organization (if applicable):** |

***This Signature Sheet must be completed by all Team Members responsible for implementing the Person Centered Plan prior to the Plan being effective. Case Manager, Guardian, and Consumer signatures must sign the Face Sheet.***

 ***When sending the Face Sheet to Resource Coordinators for Reclassification or for an Authorization Request an updated Signature Sheet must be sent as well. If the plan is being reversioned only the affected Services/Providers need to sign. The Case Manager, Guardian, and Consumer must sign the face sheet when a plan is reversioned.***

***Questions may be sent to*** ***PersonCenterPlanning.DHHS@maine.gov***