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| OPWDD_Purple_Lockup.eps | **Attachment A: Agreement Form and Utilization Report****for OPWDD Direct Provider Purchased, Agency Supported and Contract Services Delivered to People with Self-Direction Budgets by an Agency that is Not Their Fiscal Intermediary**  |

| INFORMATION |
| --- |
| **Individual’s Name:**       | **CIN #:**  |       | **TABS #:**  |       |
| **Fiscal Intermediary:**       | **FI Contact Name:**       |
| **Phone Number:**       | **Email Address:**       |
| **DIRECT PROVIDER PURCHASED/AGENCY SUPPORTED/CONTRACT SERVICE PROVIDER INFORMATION** |
| **Provider Agency Name:** | **Provider Contact Name:**  |
| **Address:** | **Phone Number:**  | **Email Address:** |
| **ANNUAL UNITS**  |
| **Name of Service:** | **Effective Date:** |
| **Number of Annual Units to be Billed:**  |  | **Unit Increment****\_\_ Hour** **\_\_ ¼ Hour** | **Cost per Unit:** |       | **=** | **Annual Total** |
| **MONTHLY UTILIZATION** |
| **Name of Service:** | **Month Covered:** |
| **Dates of Service\*:** |
| **Number of Monthly Units Billed:** |       | **Unit Increment** **\_\_ Hour**  **\_\_ ¼ Hour** | **Cost Per Unit:** |       | **=** | **Monthly Total** |

**\*Utilize additional pages if needed**