|  |  |
| --- | --- |
| 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**