**Provider Agreement D**

**\*\*PROVIDER NAME\*\***

**Homemaker / Non-Homemaker Services**

|  |  |  |
| --- | --- | --- |
| **SERVICE** | **RATE** | **UNIT OF MEASUREMENT** |
|  |  |  |
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*A completed copy of this page must be signed by both parties, attached to the Provider Agreement, and kept on file at the ASAP*

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Provider *Authorized Signature Printed Name Title Date*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*ASAP Authorized Signature Printed Name Title Date*