INDEPENDENT SUPPORT SERVICES INC.
Make your Own Path

Agreement Regarding Purchasing Direct Provider, Agency Supported Self Direction Services, or Family Support Services within a Self-Direction Budget

This form must be completed and signed by the SD participant/advocate, broker and the agency from which the service will be purchased and submitted to review@issny.org during the review process, along with the Self Direction Budget that includes the service.

INDIVIDUAL'S NAME:		**TABS #:**	
ADDRESS:			
PHONE NUMBER:			
INDIVIDUAL/ADVOCATE SIGNATURE:		**DATE SIGNED:**	

SERVICE TO BE PURCHASED:					
NUMBER OF ANNUAL UNITS/HOURS:		**CHECK ONE:**	☐ Unit ☐ Hour	**COST PER UNIT/HOUR:**	
ANTICIPATED EFFECTIVE DATE:		**TOTAL COST FOR SERVICES:**			

PLEASE NOTE THAT BY SIGNING THIS AGREEMENT YOU AGREE TO PROVIDE INDEPENDENT SUPPORT SERVICES THE BILLING INFORMATION, FOR THE SERVICE IDENTIFIED IN THIS AGREEMENT, FOR THE INDIVIDUAL IDENTIFIED, ON A MONTHLY BASIS

PROVIDER AGENCY NAME:		**ADDRESS:**	
PROVIDER CONTACT NAME:	**PROVIDER PHONE #**	**EMAIL ADDRESS:**	
PROVIDER SIGNATURE:		**SIGNATURE DATE:**	

BROKERS NAME:	**BROKERS SIGNATURE:**		
FISCAL INTERMEDIARY OF SD PLAN:	Independent Support Services, P.O. Box 1320 Monticello, NY 12701		
BROKER PHONE NUMBER:		**EMAIL ADDRESS:**	

Cc: Individual
Provider Agency
FI Agency – Independent Support Services
Care Manager