

# Homemaker/Personal Care/Non-Homemaker Services Provider Agreement

## Attachment D

### Homemaker/Non-Homemaker

SERVICE(S)	RATE	PER UNIT (Hour, Meal, etc.)

*A completed copy of this page must be signed by both parties, attached to the Provider Agreement, and kept on file at the ASAP.*

\_\_\_\_\_  
*Provider Authorized Signature*                      *Printed Name Title*                      *Date*

\_\_\_\_\_  
*ASAP Authorized Signature*                      *Printed Name Title*                      *Date*