State of Alaska • Department of Health and Social Services • Senior and Disabilities Services

Core Services Plan and Funding Agreement

☐ Renewal ☐ Amendment

Recipient Name:
Date of Birth:
Address:
Parent/legal guardian name:

Agency:
Plan start date:

Section I Describe the recipient, including home environment and current needs.

Section II Describe the services to be provided.

Section III Describe budget detail.

	Current Fiscal Year	Annualized
Direct Service Funding	$_____	$_____
Agency Administrative Fee	$_____	$_____
Total	$_____	$_____

Section IV Provide details of direct support, equipment, fees, etc.

My signature indicates that I have participated in the development of this Core Services plan. I agree to notify the agency of any circumstances which could change my eligibility for services.

_____ _____
Recipient or Parent/legal guardian Date

_____ _____
Authorized agency representative Date