



**Self-Determination Program**

**Service Provider/Participant Agreement**

Participant Name \_\_\_\_\_ UCI Number \_\_\_\_\_

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

Regional Center \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Service Provider Name or Company \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

List agreed upon services: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Start date of this agreement \_\_\_\_\_

Days and times of agreed schedule \_\_\_\_\_

Hours of work per week \_\_\_\_\_

Rate of pay \_\_\_\_\_

**The service provider and participant agree and acknowledge:**

- To provide \_\_\_\_ (hours/days) advance notice to cancel/reschedule appointments.
- Service provider agrees to accommodate changes in schedule if possible. If this is a permanent change, a new agreement should be created.
- Service provider agrees to provide a report of progress or a brief summary of services provided, if requested. The report or summary should be provided to the participant weekly/monthly/quarterly/every year (circle all that apply).



- When working with an agency or vendor for services, the participant has the right to choose which worker will provide services to them.
- Participant has the right to change service providers at any time.

This agreement will remain in effect until it is cancelled by the participant or the service provider. All parties understand that the participant has voluntarily enrolled in the Self-Determination Program and may decide to leave the program at any time. If the participant exits the Self-Determination Program, this agreement will end. Any changes to this agreement must be made in writing.

\_\_\_\_\_  
Participant Date\_\_\_\_\_

\_\_\_\_\_  
Service Provider/Company representative Date\_\_\_\_\_

\_\_\_\_\_  
Legal guardian/conservator (if applicable) Date\_\_\_\_\_

Received by: Regional Center ☐ Date\_\_\_\_\_  
Received by: FMS (If Applicable) ☐ Date\_\_\_\_\_