**Policy and Procedure Sign Off Sheet**

I have received a copy of COMPANY NAME Policy and Procedure based on the Core Assurances for Providers of Developmental Disabilities Medicaid Home and Community Based Waiver Services Program.

I have reviewed the policies and procedures contained herein, and should any formal training be offered in the Region in which I am providing services by the Agency for Persons with Disabilities, I will attend them as soon as possible. (This pertains to subcontractors).

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BCBA/BCaBA/RBT Signature Date

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Supervisor Date