

**Authorization of Services and Payment Agreement**

**Person receiving services**

Name: \_\_\_\_\_

**Referring agency**

VESID District office: \_\_\_\_\_

School district: \_\_\_\_\_

Other: \_\_\_\_\_

**Contact person**

Name: \_\_\_\_\_

Relationship to consumer: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Services to be provided**

Individual assistive technology evaluation

Direct hours \$ 175/hr.

Indirect hours \$ 100/hr.

Written justification option \$ 250

Meeting option \$ 90/hr.

Follow up services:

Consumer training \_\_\_\_\_ \$ 150/hr.

Setup/modification/support \$ 150/hr.

Ancillary services:

Travel time \$ 40/hr.

AT screening - up to 1 hour \$ 150

**Payment method** Evaluations/Screenings:

In full at completion of evaluation (available only to agencies)

Payment schedule:

1 hour, due prior to first session

75% of balance at end of evaluation, 25% upon receipt of report

Other services: monthly billing

**Party responsible for payment**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ e-mail addr: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

\_\_\_\_\_  
Signature of responsible party

\_\_\_\_\_  
Date