

Blue Ridge Opportunities Service Agreement

Client Name _____ Client ID# _____

Medicaid Number _____ Date _____

I choose to receive the following services from Blue Ridge Opportunities.

	Day Support- Life Skills Training
	Community Based Day Support Community Engagement
	Community Based Day Support Community Coaching

Consumer Signature or Mark

Date

Guardian/Authorized Representative

Date

I have explained all of the services that Blue Ridge Opportunities Provides to the Consumer in a manner in which he/she can understand.

In-take Representative from BRO

Date