|  |  |
| --- | --- |
| **Agency Name:** |  |
| **Client Name:** |  | **ID #** |  |
| **Program:** |  |
| **Reason for Client Signature Flexibility:** |  |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **Intake Staff Signature** |  | **Date** |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **Supervisor Signature** |  | **Date** |

\*Revised 3/29/2022, effective until rescinded by the Department