

FNSP Providers Financial Commitment Form

I, _____, _____
Name of Representative Title

am legally authorized to make financial commitments on behalf of

_____ ; and hereby commit to paying
Name of Agency

CCDH, inc. d/b/a The Advocacy Network on Disabilities \$_____ to

provide In-Home Support Services to _____.
Name of Child

Sign above the line and type your name and title below the line