

SUPPORT SERVICES CONTRACT

Addendum

This is the	• • •	n to the Support Contractor)	whose	address	is
terms of the original Contra	 ct remain unalter	ed except as not	ed herein.	(address)	. The
ABLED and Contra (Residential/Day) support	ictor agree that C	Contractor Will	provide	rtiginant) The	
of payment to Contractor	will be:		(Fai	ticipant). The	amoum
% of the Dai	ly or Hourly Rate	e funded by Ne	braska DHHS,	or	
Contractor will be	paid the agreed u	ipon hourly rat	e of \$	 ·	
Services and comp terminate June 30,		this Addendum	n will begin on	·	and
Contractor Signature		Contracto	r Printed Name		
 Date					
Contractor Signature (If app	 olicable)	Contracto	r Printed Name		
 Date					
ABLED Signature		·	agart, CEO nted Name & Tit	tle	
 Date					