



SUPPORT SERVICES CONTRACT Addendum

This is the _____ (#) addendum to the Support Services Contract between ABLED and _____ (Contractor) whose address is _____ (address). The terms of the original Contract remain unaltered except as noted herein.

ABLED and Contractor agree that Contractor will provide _____ (Residential/Day) support services to _____ (Participant). The amount of payment to Contractor will be:

_____ % of the Daily or Hourly Rate funded by Nebraska DHHS, or

Contractor will be paid the agreed upon hourly rate of \$_____ .

Services and compensation under this Addendum will begin on _____ and terminate June 30, _____ .

Contractor Signature

Contractor Printed Name

Date

Contractor Signature (If applicable)

Contractor Printed Name

Date

ABLED Signature

David D. Tagart, CEO
ABLED Printed Name & Title

Date