

DELEGATION OF AUTHORITY FORM

I _____ delegate to _____
Print Name of Person Authorizing Print Name of Delegate

Authority to complete, approve and/or sign the following items for

_____ on my behalf
Provider Name

as of _____
Effective Date

Please initial the appropriate item(s) listed below.

- _____ VPK Provider Contract & Attachments
- _____ VPK Provider Application & Applicable Forms
- _____ SR Provider Contract & Attachments
- _____ SR Provider Application & Applicable Forms
- _____ IRS W9 Form
- _____ Direct Deposit Designation
- _____ Payment Option Form
- _____ Program Calendar/Holiday Schedule
- _____ Attendance Records

Signature and Title of Person Authorizing

Signature and Title of Delegate

Sworn to and subscribed in my presence this ____ day of _____ year _____.

Notary Name: _____
(Notary Public)

Notary Stamp or Seal: