

**Mifflin- Juniata Human Services Department
HSDF Work Statement**

_____ will provide _____ of

(Agency Name) (units of service) (service
description)
to _____ residents for the
following _____
(number of unduplicated clients) (county)
price of \$_____ per unit.

Signed _____

Program Coordinator Date

Board of Directors, Chair Date

If you need assistance with these calculations, please contact the Human Services Director. If you use standard rates for other licensure agreements, please try to use the same for this agreement or explain why you are not.