

**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 _____ Date _____
Program Coordinator

_____ Date _____
Board of Directors, Chair

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.