



## Day Program Financial Agreement (CDC+)

**Participant Name:**

\_\_\_\_\_

**DOB:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Guardian Name/Responsible for Payments:** \_\_\_\_\_

**Relationship to Participant:** \_\_\_\_\_

**YES NO** I am choosing to use CDC+ Funds.

**I have received Building Pathways Packet to send to CDC+.**

**I have gotten approval on my child's Purchase Plan**

(attach copy of Purchase Plan)

**My child's Purchase Plan's budget for the BP Day Program currently is \$ \_\_\_\_\_ per month.**

(Please provide a copy of the child's Purchase Plan)

**The tuition for the schedule I chose is \$ \_\_\_\_\_**



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**YES NO** The CDC+ Funds will cover all the costs for the year.

**If CDC+ Funding does not cover the costs for the year what is the balance owed monthly/yearly? \$**\_\_\_\_\_

**I will pay the balance owed:** (initial below)

\_\_\_\_\_ Pay via check monthly on the 1st  
(Amount will be \$\_\_\_\_\_ each month).

The first payment will be September 1, 2023.

**I am responsible for the tuition fees if there is any delay from CDC+ beyond 30 days of billing.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director Signature

\_\_\_\_\_  
Date