



SERVICE AGREEMENT RENEWAL made this ____ day of _____ Month/Year

Between:

 (herein called the Client/Guardian)

and

Accredited Supports to the Community (A.S.C.) Association
 herein referred to as ASC

As the Client/Guardian wishes to ensure the provision of services for

_____ (herein called 'Client').

All terms and conditions of the Service Agreement will remain in full force containing original Agreement, and any Schedules, and in effect for a period of _____ to _____ subject to the following modifications:

IN WITNESS THEREOF, the parties have executed this Agreement on the day and year first written above.

 Client/Guardian

 Date

 ASC Coordinator

 Date

 Witness

 Date

Binder(s)	Adult Services, Family Support Services					Page:	1 of 1
Section(s):	Entry/Exit	R	May 9/02	R	Apr 21/05	R	Jun 16/09
Program Area(s):	Adult Disability, Family Support Disability	R/R	Apr 18/18				