

**Independent Contractor Estimate of Services**

**Applicant's Name:** \_\_\_\_\_

**Service Provider's Name:** \_\_\_\_\_

**Service Provider's Address:** \_\_\_\_\_

\_\_\_\_\_

**Service Provider's Phone Number:** \_\_\_\_\_

\_\_\_\_\_

**Service Information**

Rate: \$ \_\_\_\_\_ per \_\_\_\_\_

Service Being Provided: \_\_\_\_\_

\_\_\_\_\_

**Anticipated Dates of Service:** From \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_

**Signatures**

**Applicant/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

\_\_\_\_\_

*By signing below, you acknowledge that you are not legally or financially responsible for the person receiving the services you are providing.*

**Service Provider Signature:** \_\_\_\_\_

**Relationship to Applicant:** \_\_\_\_\_

**Date:** \_\_\_\_\_