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agency for persons with disabilities

Agency for Persons with Disabilities Request for Annual Support Plan Extension

| state of Florid | la | | | | |
|----------------------------------|-------------|---------|---------|-------|-------------|
| то: | | | | | |
| FROM: | | | | | |
| DATE: | | | | | |
| Area/ Region: | | | | | |
| Customer Name: | | | | | |
| Current annual Plan Date: | Support | | | | |
| Extension Requ | lested for: | 30 days | 60 days | | 90 days, or |
| Other (S | pecify): | | | | |
| Justification for | Extension: | | | | |
| APD Authorizing Signature: | | | | Date: | |

| FORM THE REPORTED ANNULA CURRON DI AN EVERYCLON | VEAD 2007 | |
|---|-------------------|---------------------|
| FORM TITLE: REQUEST FOR ANNUAL SUPPORT PLAN EXTENSION | YEAR: 2007 | FORM NUMBER: 04-001 |