



**HOST AGENCY**  
**AUTHORIZED SIGNATURE FORM**

It is a requirement of the **DEPARTMENT OF LABOR** that VANTAGE Aging has an Authorized Signature of all the Host Agency Supervisors and Alternates. This is updated every three years (or as changes occur at your agency).

**NOTE: A new AUTHORIZED SIGNATURE FORM must be submitted along with a new HOST AGENCY SUPERVISION REPORT, IMMEDIATELY, as Supervisor changes occur. Participant time sheets without authorized signatures WILL NOT BE PROCESSED.**

<b>FOR PROGAM YEAR:</b>		, 20	<b>TO</b>	<b>June 30, 2020</b>	
<b>HOST AGENCY SITE NAME:</b>					
<b>SITE LOCATION: Complete if you have more than one site/location; AND complete one for EACH site/location;</b>					
<b>Include complete address--</b>	<b>Number and Street</b>				
<b>City</b>			<b>State</b>	<b>OH</b>	<b>Zip</b>

Signature must be written, not printed.

<b>a. Supervisor's SIGNATURE:</b>					
Supervisor's TYPED or PRINTED Name:					
Supervisor's E-MAIL address:					
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<b>b. Supervisor's SIGNATURE:</b>					
Supervisor's TYPED or PRINTED Name:					
Supervisor's E-MAIL address:					
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<b>c. Supervisor's SIGNATURE:</b>					
Supervisor's TYPED or PRINTED Name:					
Supervisor's E-MAIL address:					
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<b>d. Supervisor's SIGNATURE:</b>					
Supervisor's TYPED or PRINTED Name:					
Supervisor's E-MAIL address:					

**THE FOLLOWING PEOPLE ARE ONLY AUTHORIZED TO SIGN PARTICIPANT TIME SHEETS WHEN THE DIRECT SUPERVISOR(S) LISTED ABOVE IS NOT AVAILABLE:**

**\*\* NOTE: No Participant may sign another Participant's time sheet, ever.**

**Signature must be written, not printed.**

<b>1. Alternate Supervisor's SIGNATURE:</b>					
Alternate's TYPED or PRINTED Name:					
Alternate's E-MAIL address					
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<b>2. Alternate Supervisor's SIGNATURE:</b>					
Alternate's TYPED or PRINTED Name:					
Alternate's E-MAIL address					
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<b>3. Alternate Supervisor's SIGNATURE:</b>					
Alternate's TYPED or PRINTED Name:					
Alternate's E-MAIL address					