

## Minimum Operating Standards (MOS)

By signing below, I acknowledge that I have received and read a copy of Senior Services minimum operating standards (provided as a separate link) as outlined by the State of Michigan. I agree that as a service provider all staff will be trained and abide by the requirements stated within the MOS.

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SENIOR SERVICES PAHP AUTHORIZED OFFICIAL

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DATE AND TITLE

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PROVIDER AUTHORIZED OFFICIAL

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DATE AND TITLE