

2027 Rate Proposal
Outagamie County
Department of Health and Human Services

Provider/Agency Name: _____

Contact Person: _____

Phone Number: _____

Date Completed: _____

Summarize the services provided by your agency:

Current Contract Rate for 2026

Define Unit Type (Hour, day, month, etc)

Proposed Contract Rate for 2027

Define Unit Type (Hour, day, month, etc)

Are there any additional charges or conditions to your proposed rate? (examples include mileage, holiday surcharge, installation fees, etc) Please Specify. YES NO

- If you offer more than one type of service, please use separate sheets for the individual services.

- If you have a multi-tier pricing structure, please attach the price list to the document with a description of services and costs

Please provide a detailed justification if there is an increase in costs between 2026 and 2027.

Our Rate is set by the State.

Rate Proposal Completed by: _____

Please mail or Email your proposed cost for 2027 Services