

Spending Plan Template

Presented by Ricardo Orozco and Wendy Velazquez



Why a new Spending Plan Template?

- Individuals, families, Independent Facilitators (IF) and service coordinators will be able to work on this template directly.
- Reduces the need for the service coordinator to transfer the information from the family spending plan to the Harbor spending plan.
- Reduction of mathematical errors.

Overview of the Spending Plan

Excel Worksheet

Page 1

At the bottom of the excel workbook you will see three tabs:



Service Code	Total		Service Code	Total
310 - Respite (Individual and Agency) In -home	\$0.00		358 - Personal Emergency	\$0.00
311 - Respite Facility - Out-of-Home	\$0.00		359 - Home Health Aide	\$0.00
312 - Live-In Caregiver	\$0.00		360 - Communication Support	\$0.00
313 - Homemaker	\$0.00		361 - Skilled Nursing	\$0.00
314 - Housing Access Supports	\$0.00		362 - Nutritional Consultation	\$0.00
315 - FMS Fiscal Agent	\$0.00		363 - Crisis Intervention and	\$0.00
316 - FMS Co-Employer	\$0.00		364 - Behavioral Intervention	\$0.00
317 - FMS Fiscal/Employer Agent	\$0.00		365 - Specialized Medical	\$0.00
320 - Community Living Supports (Individual and	\$0.00		366 - Family/Consumer Training	\$0.00
321 - Residential Facility	\$0.00		367 - Dental Services	\$0.00
331 - Community Integration Supports	\$0.00		368 - Lenses and Frames	\$0.00
333 - Participant-Directed Goods and Services	\$0.00		369 - Optometric-Optician	\$0.00
334 - Individual Training and Education	\$0.00		370 - Psychology Services	\$0.00
335 - Employment Supports	\$0.00		371 - Training and Counseling	\$0.00
336 - Technology Supports	\$0.00		372 - Speech - Hearing and	\$0.00
337 - Transition Set-Up Expenses	\$0.00		373 - Chiropractor	\$0.00
338 - Non-Medical Transportation	\$0.00		374 - Massage Therapist	\$0.00
339 - Prevocational Supports	\$0.00		375 - Occupational Therapy	\$0.00
340 - Independent Facilitator	\$0.00		376 - Physical Therapy	\$0.00
356 - Environmental Accessibility	\$0.00		377 - Vehicle Modifications and	\$0.00
357 - Acupuncture Services	\$0.00		378 - Child Day Care Facility	\$0.00
Spending Plan Total	\$0.00			

At the bottom of the excel workbook you will see three tabs:



Model	Total Number	Language	Rate
315	0 to 4	English	\$230
315	5 to 10	English	\$450
315	11+	English	\$690
315	0 to 4	Other	\$255
315	5 to 10	Other	\$495
315	11+	Other	\$760
316	0 to 4	English	\$380
316	5 to 10	English	\$600
316	11+	English	\$840
316	0 to 4	Other	\$420
316	5 to 10	Other	\$660
316	11+	Other	\$925
317	0 to 4	English	\$380
317	5 to 10	English	\$600
317	11+	English	\$840
317	0 to 4	Other	\$420
317	5 to 10	Other	\$660
317	11+	Other	\$925



Let's take it piece by piece!

Page 1



Self-Determination Program Spending Plan (Page 1)											
Name: --->		UCI: --->		Service Coordinator:		Today's Date: --->		Modification #:		SDP Year: --->	
Certified Budget: --->		SDP Date Range: --->									

Highlighted cells need to be filled out

- Name
- UCI
- Service Coordinator
- Today's Date
- Modification: If it's the initial spending plan for the year, this stays blank
- SDP Year: Year 1, Year 2 etc.
- Certified Budget: Total of the approved budget (\$)
- SDP Date Range: Start date - End date (month/day/year)

Self-Determination Program Spending Plan (Page 1)											
Name: --->		UCI: --->		Service Coordinator:		Today's Date: --->		Modification #:		SDP Year: --->	
Certified Budget: --->		SDP Date Range: --->									
FMS (Select below)	FMS Model (Select below)	Employer Burden	Language (Select)	# of Employees/Providers	FMS Rate/Month						

- **FMS (Select below)**

- Drop down arrow, choose the FMS from the list

- **FMS Model (Select below)**

- Drop Down arrow and choose:
 - 315 (Bill Payer)
 - 316 (Co-Employer)
 - 317 (Sole-Employer)

- **Employer Burden**

- Include the percentage in (Ex: 25%)

- **Language**

- English
- Other

- **# of Employees (Select below)**

- 0-4 employees
- 5-10 employees
- 11+ employees

Self-Determination Program Spending Plan (Page 1)											
Name: --->		UCI: --->		Service Coordinator:		Today's Date: --->		Modification #:		SDP Year: --->	
Certified Budget: --->		SDP Date Range: --->									
FMS (Select below)	FMS Model (Select below)	Employer Burden	Language (Select)	# of Employees/Providers	FMS Rate/Month						

- You can use the table below or the third tab located at the bottom of the spending plan workbook

>	SDP Spending Plan	Service Code Totals	FMSRates	+
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Model	Total Number	Language	Rate
315	0 to 4	English	\$230
315	5 to 10	English	\$450
315	11+	English	\$690
315	0 to 4	Other	\$255
315	5 to 10	Other	\$495
315	11+	Other	\$760
316	0 to 4	English	\$380
316	5 to 10	English	\$600
316	11+	English	\$840
316	0 to 4	Other	\$420
316	5 to 10	Other	\$660
316	11+	Other	\$925
317	0 to 4	English	\$380
317	5 to 10	English	\$600
317	11+	English	\$840
317	0 to 4	Other	\$420
317	5 to 10	Other	\$660
317	11+	Other	\$925

Service Support Activity Item	Provider Name(s)	Employee Burden (Yes/No)	Service Code	# of (units)	Per (frequency)	Annual Units	Cost or Rate (\$)	Employee Burden	Adjusted Cost Per Unit	Additional Costs or Adjustments	Total	Goal #	Notes

- **Service | Support | Activity | Item**
 - Include the type of services/support/activity/item
- **Provider Name**
 - The name of the provider that will render services.
- **Employee Burden (Required)**
 - Drop down arrow, Yes or No.
- **Service Code**
 - Drop down arrow, choose appropriate code for the service.

- **# of units**
 - Typed in number (1,2,3).
- **Per (frequency)**
 - Drop down (week, month, year).
- **Annual Units (Required)**
 - Annual Units required and should reflect # units x frequency= Annual Units

Service Support Activity Item	Provider Name(s)	Employee Burden (Yes/No)	Service Code	# of (units)	Per (frequency)	Annual Units	Cost or Rate (\$)	Employer Burden	Adjusted Cost Per Unit	Additional Costs or Adjustments	Total	Goal #	Notes

- **Cost or Rate**

- This would be your base rate without employer burden rate (EBR).

- **Employer burden**

- Include the FMS' Employer Burden (if applicable).
- Not auto populated because the EBR can be negotiated.

- **Adjusted cost per unit**

- If there is an EBR, this will auto calculate the new total per unit.
- Will pull from Employee yes/no, cost or rate and the EBR indicated.
- Will show a rounded number to the second decimal place.

- **Additional Cost or Adjustments**

- Can be used if there are any one-time fees or fees that are not paid out of the SDP budget (FMS Fees).
- Can add or remove funds to the spending plan total.

Service Support Activity Item	Provider Name(s)	Employee Burden (Yes/No)	Service Code	# of (units)	Per (frequency)	Annual Units	Cost or Rate (\$)	Employer Burden	Adjusted Cost Per Unit	Additional Costs or Adjustments	Total	Goal #	Notes
						↑		↑	↑		↑		

- **Total**

- Special formula that will pull information from Annual Units, Employer Burden and the Adjusted cost (base pay + EBR) to calculate the total.

- **Goal #**

- Each service should be tied to a goal, the same goal can be tied to multiple services.

- **Notes**

- Can be used to provide additional information, should be a sentence or two max.
Should not be used to track fund movements.

Self-Determination Program Spending Plan (Page 1)													
Name: --->	Justin Time	UCI: --->	1234756	Service Coordinator:	Paige Turner	Todays' Date: --->	7/31/2026	Modification #	2	SDP Year: --->	2		
Certified Budget: --->	\$50,000.00	SDP D	ge: --	9/1/2025-8/30/2026									
FMS (Select below)	FMS Model (Select below)	Employer Burden	Language (Select)	# of Employees/Providers		FMS Rate/Month							
Cambrian	316	25.00%	English	5 to 10		\$600							
				Frequency			Cost						
Service Support Activity Item	Provider Name(s)	Employee Burden (Yes/No)	Service Code	# of (units)	Per (frequency)	Annual Units	Cost or Rate (\$)	Employee r Burden	Adjusted Cost Per Unit	Additional Costs or Adjustments	Total	Goal #	Notes
FMS	Cambrian	No	316 - FMS Co-Employer	1	Month	12	\$600.000		\$600.000	-\$7,200.00	\$0.00		FMS fees are funded by Harbor outside of the SDP budget.
Respite	Tina Burner	Yes	320 - Community Living Supports (Individual and Agency)	20	Month	240	\$25.000	25.00%	\$31.250		\$7,500.00		
Personal Assistance	Ella Vator	Yes	331 - Community Integration Supports	55	Month	660	\$30.000	4.99%	\$31.497		\$20,788.02		
Swimming	AquaDots	No	331 - Community Integration Supports	1	Month	12	\$200.000		\$200.000		\$2,400.00		
Coding	Code Ninja	No	331 - Community Integration Supports	1	Month	3	\$50.000		\$50.000		\$150.00		
Gym	Sore Gym	No	331 - Community Integration Supports	1	Year	1	\$499.000		\$499.000		\$499.00		
Independent Facilitator	Your Choice, LLC	No	340 - Independent Facilitator	10	Year	10	\$100.000		\$100.000		\$1,000.00		
Participant Directed Goods	See Page 2	No	333 - Participant-Directed Goods and Services	1	Year	1	\$800.000		\$800.000		\$800.00		

1 Adjusted Costs/ FMS fees

2 EBR

3 Notes

4 333 service code

A cluster of overlapping geometric shapes in the top right corner, including a blue triangle, a gold square, and a grey square.

Let's take it piece by piece!

Page 2

A cluster of overlapping geometric shapes in the bottom left corner, including a blue triangle, a gold square, and a grey square.

Self-Determination Program Spending Plan: IPP Goals (Page 2)											
Name: --->		UCI: --->		Service Coordinato		Today's Date: --->		Modification #		SDP Year: --->	
Certified Budget: --->		SDP Date Range: --									

IPP Goal #	Goal Description
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

333 - Participant Directed Goods and Services			
Note: Create a single 333 line on Page 1 with the total if code is used.			
Item	Cost	Purchased From/Link	Goal #
Total	\$0.00		



Self-Determination Program Spending Plan: IPP Goals (Page 2)

Name: --->		UCI: --->		Service Coordinator		Today's Date: --->		Modification #		SDP Year: --->	
Certified Budget: --->		SDP Date Range: --									

- This part will autopopulate from page 1

IPP Goal #	Goal Description
1	
2	
3	
4	
5	
6	
7	
8	

- Services listed on page 1 and 3 should be tied to a goal.
- On this page, the goal will be written in under “Goal Description”.
 - The IPP team should work together to create a goal that is tied to the Harbor diagnosis.

333 - Participant Directed Goods and Services			
Note: Create a single 333 line on Page 1 with the total if code is used.			
Item	Cost	Purchased From/Link	Goal #
Total	\$0.00		

- This table will reflect all items being purchased under service code 333.
- Each item should be listed in its own row.
 - Item
 - Cost
 - Purchase from/ link
 - Goal
- **Important:** The total will need to be placed in the main body of the spending plan in order for this to be calclated in the spending plan total.

A cluster of overlapping geometric shapes in the top right corner, including a blue triangle, a gold square, and a grey square.

Let's see an example!

Page 2

A cluster of overlapping geometric shapes in the bottom left corner, including a blue triangle, a gold square, and a grey square.

Taken from page 1

Participant Directed Goods	See Page 2	No	333 - Participant-Directed Goods and Services	1	Year	1	\$800.000		\$800.000		\$800.00	6
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What should be reflected in page 2

333 - Participant Directed Goods and Services						
Note: Create a single 333 line on Page 1 with the total if code is used.						
Item	Cost	Purchased From/Link				Goal #
Swim Suit	\$300.00	Include Amazon Link				4
Tablet	\$500.00	Best Buy Link				6
Total	\$800.00					

				Frequency			Cost					
Service Support Activity Item	Provider Name(s)	Employee Burden (Yes/No)	Service Code	# of (units)	Per (frequency)	Annual Units	Cost or Rate (\$)	Employee Burden	Adjusted Cost Per Unit	Additional Costs or Adjustments	Total	Goal #
FMS	Cambrian	No	316 - FMS Co-Employer	1	Month	12	\$600.000		\$600.000	-\$7,200.00	\$0.00	1
Respite	Tina Burner	Yes	320 - Community Living Supports (Individual and Agency)	20	Month	240	\$25.000	25.00%	\$31.250		\$7,500.00	2
Personal Assistance	Ella Vator	Yes	331 - Community Integration Supports	55	Month	660	\$30.000	4.99%	\$31.497		\$20,788.02	3
Swimming	AquaDots	No	331 - Community Integration Supports	1	Month	12	\$200.000		\$200.000		\$2,400.00	4
Coding	Code Ninja	No	331 - Community Integration Supports	1	Month	3	\$50.000		\$50.000		\$150.00	4
Gym	Sore Gym	No	331 - Community Integration Supports	1	Year	1	\$499.000		\$499.000		\$499.00	4
Independent Facilitator	Your Choice, LLC	No	340 - Independent Facilitator	10	Year	10	\$100.000		\$100.000		\$1,000.00	5
Participant Directed Goods	See Page 2	No	333 - Participant-Directed Goods and Services	1	Year	1	\$800.000		\$800.000		\$800.00	6

IPP Goal #	Goal Description
1	FMS will support participant.....
2	Respite.....
3	Justin will receive support in the community to.....
4	Justin will participate in social recreational activities to....
5	Justin will navigate the SDP with the support of his IF
6	Justin will purchase ____, these items will support him with____



Let's take it piece by piece!

Page 3



[illegible]

- Page 3 will only be used if the rows on page 1 are not enough to reflect all of the providers being accessed.
- The totals on page 3 are connected to page 1.
- The table on pages 1 and 3 should reflect the same information.



Spending Plan: From Start to Finish



Final Documents: Ideal Steps

STEP 1

- SDP Participant will complete the new spending plan template
- Participant will send the document to their Service Coordinator

STEP 2

- Service Coordinator will follow the internal review process for approval.
- Upon approval, the service coordinator will provide the SDP participant with two documents:
 - Spending Plan - Excel
 - Spending Plan - PDF

STEP 3

- SDP Participant will sign the PDF copy of the spending plan and provide Harbor with a copy.

STEP 4

- The SDP Participant/IF will use the excel sheet to make any modifications moving forward.

Excel Worksheet: No Signatures

Self-Determination Program Spending Plan (Page 1)													
Name: --->	Justin Time	UCI: --->	1234756	Service Coordinator	Paige Turner	Today's Date: --->	7/31/2026	Modification #	2	SDP Year: --->	2		
Certified Budget: --->	\$50,000.00	SDP Date Range: --	9/1/2025-8/30/2026										
FMS (Select below)	FMS Model (Select below)	Employer Burden	Language (Select)	# of Employees/Providers		FMS Rate/Month							
Cambrian	316	25.00%	English	5 to 10		\$600							
				Frequency			Cost						
Service Support Activity Item	Provider Name(s)	Employee Burden (Yes/No)	Service Code	# of (units)	Per (frequency)	Annual Units	Cost or Rate (\$)	Employer Burden	Adjusted Cost Per Unit	Additional Costs or Adjustments	Total	Goal #	Notes
FMS	Cambrian	No	316 - FMS Co-Employer	1	Month	12	\$600.000		\$600.000	-\$7,200.00	\$0.00	1	Funded for outside of the budget
Respite	Tina Burner	Yes	320 - Community Living Supports (Individual and Agency)	20	Month	240	\$25.000	25.00%	\$31.250		\$7,500.00	2	
Personal Assistance	Ella Vator	Yes	331 - Community Integration Supports	55	Month	660	\$30.000	4.99%	\$31.497		\$20,788.02	3	
Swimming	AquaDots	No	331 - Community Integration Supports	1	Month	12	\$200.000		\$200.000		\$2,400.00	4	
Coding	Code Ninja	No	331 - Community Integration Supports	1	Month	3	\$50.000		\$50.000		\$150.00	4	
Gym	Sore Gym	No	331 - Community Integration Supports	1	Year	1	\$499.000		\$499.000		\$499.00	4	
Independent Facilitator	Your Choice, LLC	No	340 - Independent Facilitator	10	Year	10	\$100.000		\$100.000		\$1,000.00	5	
Participant Directed Goods	See Page 2	No	333 - Participant-Directed Goods and Services	1	Year	1	\$800.000		\$800.000		\$800.00	6	
									Sum of Page 1 and 3	\$33,137.02			
Generic Resources Pursuant to WIC Section 4685.8 (d)(3)(B): The participant shall utilize the services and supports available within the Self-Determination Program only when generic services and supports are not available.													
Budget Management Pursuant to WIC Section 4685.8 (d)(3)(D): The participant shall manage Self-Determination Program Services and supports within the participant's individual budget.													
Informed Choice of Providers (HCBS Waiver): Participants are informed about the types of services available in the self-determination program (SDP) and strategies for selecting providers during the required SDP orientation and through available trainings. Additionally, through the person-centered planning process, the case manager informs the participant and/or their legal representative about available services that meet the participant's needs. Participants may meet with service providers before selecting services to be incorporated into the IPP. The participant's choice of providers includes consideration of, among other things, the provider's ability to achieve the objectives set forth in the participant's IPP.													
Acknowledgement: I understand that Regional Center approval of a provider, service, support, or expenditure, does not constitute approval by the Financial Management Services (FMS) provider.													
The FMS provider is responsible for conducting its own review to ensure that all providers, services, supports, expenditures, employment arrangements, and related documentation comply with applicable federal and state laws, regulations, SDP requirements, payroll requirements, tax requirements, and FMS policies and procedures.													
Individual Signature Date													
Service Coordinator Date													
Participant Choice Date													
Client Services Manager Date													
HARBOR REGIONAL CENTER													

PDF Document: Signatures

Self-Determination Program Spending Plan (Page 1)											
Name: --->	Justin Time	UCI: --->	1234756	Service Coordinator	Paige Turner	Today's Date: --->	7/31/2026	Modification #	2	SDP Year: --->	2
Certified Budget: --->	\$50,000.00	SDP Date Range: --	9/1/2025-8/30/2026								

FMS (Select below)	FMS Model (Select below)	Employer Burden	Language (Select)	# of Employees/Providers	FMS Rate/Month
Cambrian	316	25.00%	English	5 to 10	\$600

Service Support Activity Item	Provider Name(s)	Employee Burden (Yes/No)	Service Code	Frequency			Cost				Total	Goal #	Notes
				# of (units)	Per (frequency)	Annual Units	Cost or Rate (\$)	Employer Burden	Adjusted Cost Per Unit	Additional Costs or Adjustments			
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Respite	Tina Burner	Yes	320 - Community Living Supports (Individual and Agency)	20	Month	240	\$25.000	25.00%	\$31.250		\$7,500.00	2	
Personal Assistance	Ella Vator	Yes	331 - Community Integration Supports	55	Month	660	\$30.000	4.99%	\$31.497		\$20,788.02	3	
Swimming	AquaDots	No	331 - Community Integration Supports	1	Month	12	#####		\$200.000		\$2,400.00	4	
Coding	Code Ninja	No	331 - Community Integration Supports	1	Month	3	\$50.000		\$50.000		\$150.00	4	
Gym	Sore Gym	No	331 - Community Integration Supports	1	Year	1	#####		\$499.000		\$499.00	4	
Independent Facilitator	Your Choice, LLC	No	340 - Independent Facilitator	10	Year	10	#####		\$100.000		\$1,000.00	5	
Participant Directed Goods	See Page 2	No	333 - Participant-Directed Goods and Services	1	Year	1	#####		\$800.000		\$800.00	6	
Sum of Page 1 and 3										\$33,137.02			

Generic Resources Pursuant to WIC Section 4685.8 (d)(3)(B): The participant shall utilize the services and supports available within the Self-Determination Program only when generic services and supports are not available.

Budget Management Pursuant to WIC Section 4685.8 (d)(3)(D): The participant shall manage Self-Determination Program Services and supports within the participant's individual budget.

Informed Choice of Providers (HCBS Waiver): Participants are informed about the types of services available in the self-determination program (SDP) and strategies for selecting providers during the required SDP orientation and through available trainings. Additionally, through the person-centered planning process, the case manager informs the participant and/or their legal representative about available services that meet the participant's needs. Participants may meet with service providers before selecting services to be incorporated into the IPP. The participant's choice of providers includes consideration of, among other things, the provider's ability to achieve the objectives set forth in the participant's IPP.

Acknowledgement: I understand that Regional Center approval of a provider, service, support, or expenditure, does not constitute approval by the Financial Management Services (FMS) provider. The

Justin Time 7/1/26

Individual Signature Date
John Doe 5/25/26

Service Coordinator Date
Wendy Velazquez 6/1/26

Participant Choice Date
Jane Doe 5/28/26

Client Services Manager Date

Budget Totals (Page 1 and 3 Totals)	
Total Certified Budget	\$50,000.00
Spending Plan Total	\$33,137.02
Difference	\$16,862.98





Timelines and Where to Find Resources

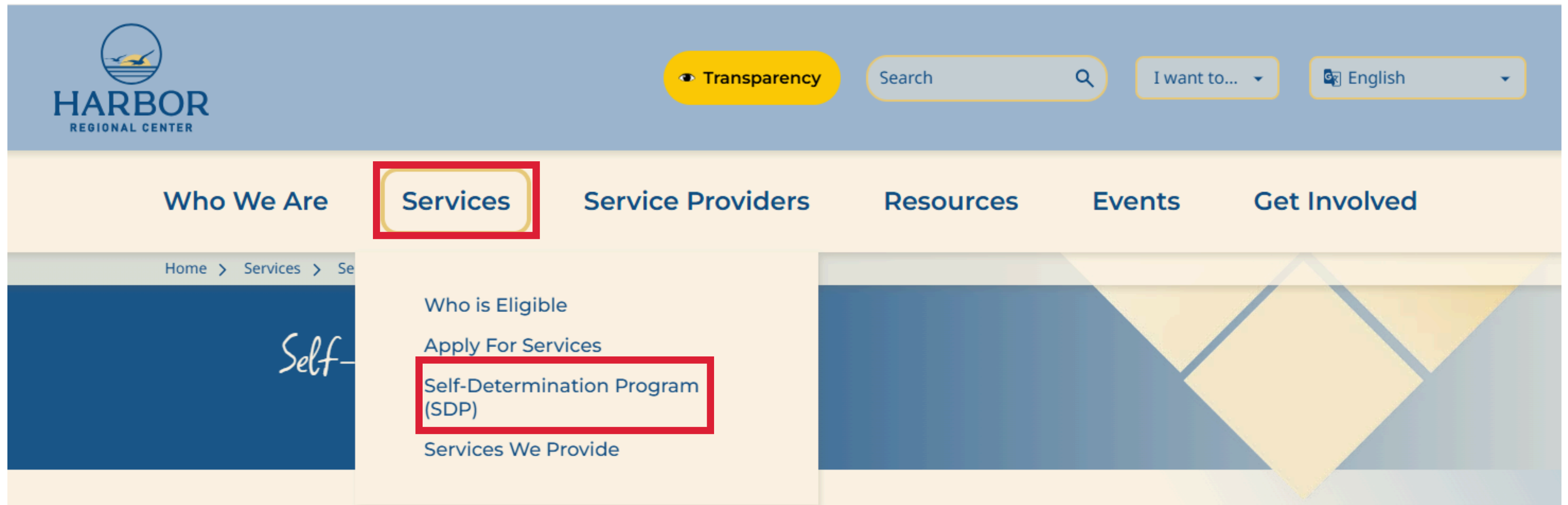
Important Timelines

- Spending Plan will be rolled out starting **October 1, 2026**
 - Template is available on the Harbor website
 - Training slides will also be available on the Harbor website
 - The goal is to have the slides available in multiple languages
- Full transition to the new spending plan is expected by **January 2027**
 - Harbor staff will no longer accept spending plans that are not on the new template

Where to find the New Spending Plan

1: Contact your Service Coordinator for a copy

2: <https://www.harborrc.org/services/self-determination-program-sdp/>



Where to find the New Spending Plan

Scroll down:

How to Enroll

Harbor Spending Plan

History of SDP

Financial Management Services

Frequently Asked Questions (FAQs)

Feedback Findings

Resources

Self-Determination Advisory Committee (SDAC)

Hello SDP participants, please see the new Harbor Spending Plan that will roll out in October 2026! We are aware that the new spending plan may come with questions; we are working on uploading the training slides in different languages.

Please feel free to join us for the upcoming community training!

[Spending Plan Review- Spending Plan Review 5 PM – 6:30 PM](#)

Harbor SDP Spending Plan

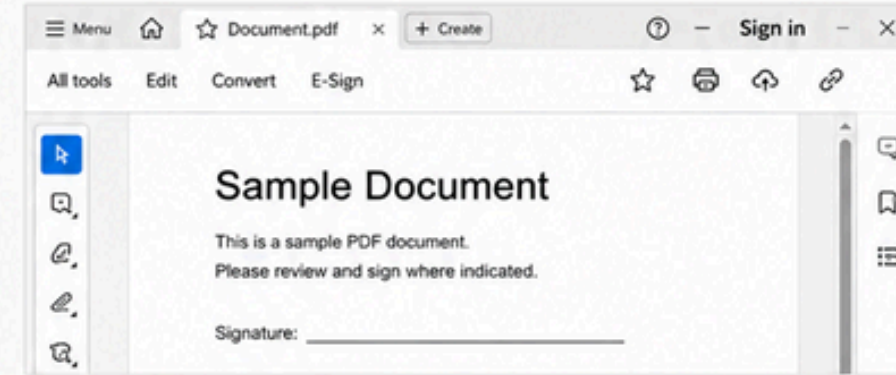
How to sign a PDF document

HOW TO SIGN A PDF IN ADOBE ACROBAT

Step-by-step guide

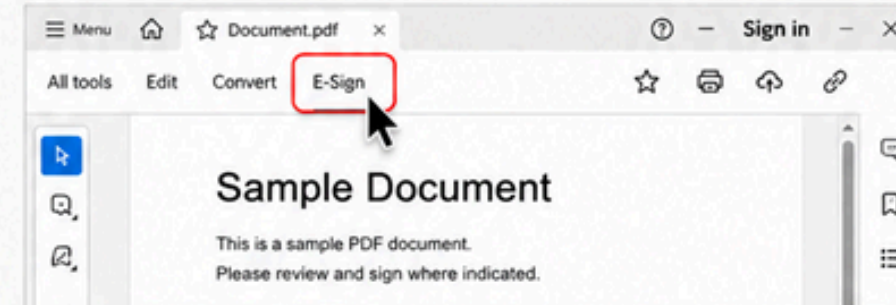
1 OPEN YOUR PDF

Open the PDF document in Adobe Acrobat.



2 CLICK "E-SIGN"

Click the "E-Sign" tab in the top menu.



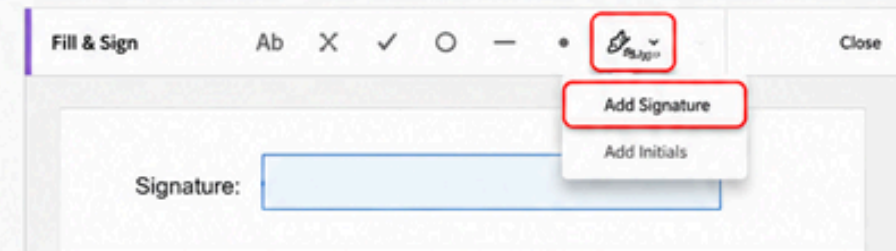
3 CHOOSE "FILL & SIGN"

From the E-Sign tools, select "Fill & Sign".



4 ADD YOUR SIGNATURE

Click the "Sign" icon in the toolbar. Then select "Add Signature".



5 CREATE YOUR SIGNATURE

You can type, draw, or upload an image of your signature. Click "Apply" when ready.



6 PLACE YOUR SIGNATURE AND SAVE

Click where you want the signature to appear. Then save your PDF.



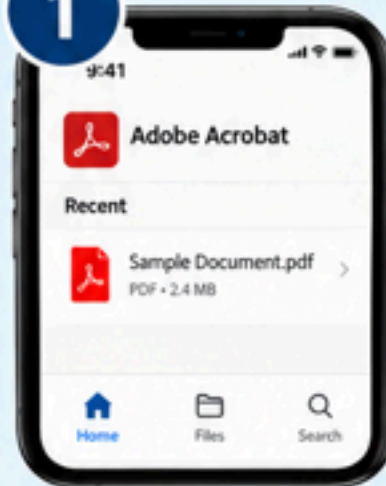


How to Sign a PDF in Adobe Acrobat on iPhone



Follow these easy steps to add your signature to a PDF using the Adobe Acrobat app on your iPhone (iOS).

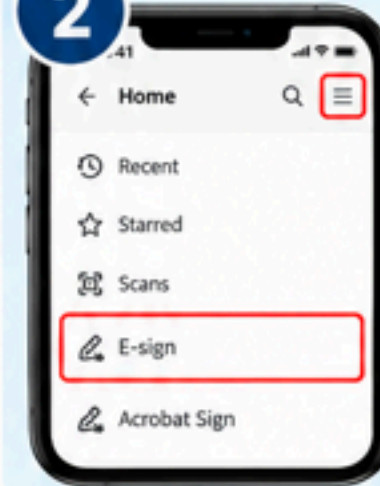
1



Open the PDF in Adobe Acrobat

Launch the Adobe Acrobat app on your iPhone and open the PDF you need to sign.

2



Find the E-Sign option

Tap the menu icon (three lines) in the upper right corner, then select **E-sign**.

3



Choose Fill & Sign

In the E-sign menu, tap **Fill & Sign**.

4



Add Your Signature

Tap the **Sign** icon (where it looks like a pen), then select **Add Signature**.

5



Create or Choose Your Signature

You can draw your signature with your finger, choose a saved signature, or take a photo of your signature. Once you're ready, tap **Done**.

6



Place and Save

Drag and resize your signature to the location where you need it, then tap **Done**.

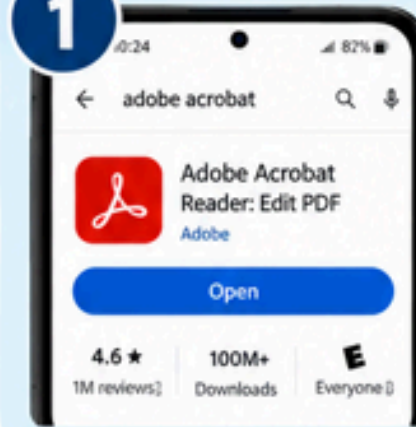


How to Sign a PDF in Adobe Acrobat on Android



Follow these easy steps to add your signature to a PDF using the Adobe Acrobat app on your Android device.

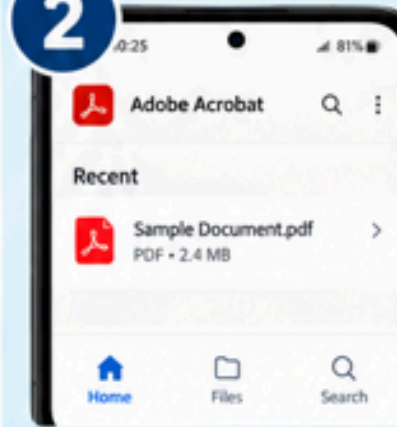
1



Open the Adobe Acrobat app

Find and open the Adobe Acrobat app on your Android device. (If you don't have it, download it from the Google Play Store.)

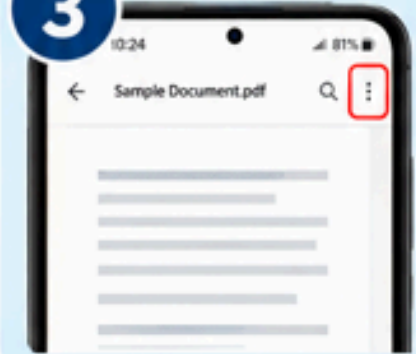
2



Open your PDF

Launch the Adobe Acrobat app and open the PDF you need to sign. You can find it in Recent, Files, or by browsing your device.

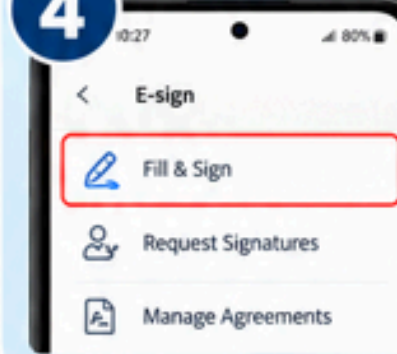
3



Find the E-Sign option

Tap the three dots (...) in the upper right corner, then select **E-sign**.

4



Choose Fill & Sign

In the E-sign menu, tap **Fill & Sign**.

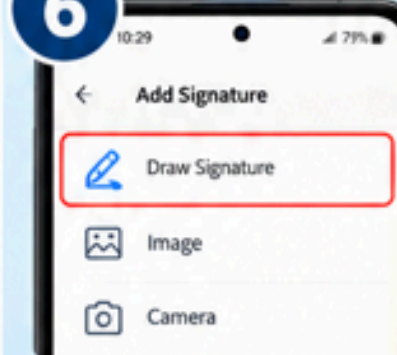
5



Add Your Signature

Tap the **Sign** icon (where it looks like a pen), then select **Add Signature**.

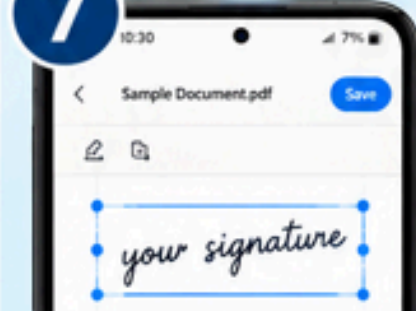
6



Create or Choose Your Signature

You can draw your signature with your finger, choose a saved signature, or take a photo of your signature. Once you're ready, tap **Add**.

7



Place and Save

Drag and resize your signature to the location where you need it, then tap **Save**.

8



You're All Set!

Your PDF is now signed and ready to save, share, or submit.