

# AUTHORIZATION FOR SERVICE FORM

DATE: \_\_\_\_\_

Consumer Name: \_\_\_\_\_

B.S.U.#: \_\_\_\_\_

Entering Program: \_\_\_\_\_  
DATE

Leaving Program: \_\_\_\_\_  
DATE

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**TYPE OF SERVICE TO BE PROVIDED:** Place  in appropriate area

- |                                                          |                                            |
|----------------------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Residential                     | <input type="checkbox"/> Temporary Respite |
| <input type="checkbox"/> Life Sharing                    | <input type="checkbox"/> Respite           |
| <input type="checkbox"/> Supportive Living               | <input type="checkbox"/> School Services   |
| <input type="checkbox"/> Semi-Independent                | <input type="checkbox"/> Other: _____      |
| <input type="checkbox"/> Home and Community Habilitation |                                            |

**SOURCE OF FUNDING:**

- |                                              |                                       |
|----------------------------------------------|---------------------------------------|
| <input type="checkbox"/> Consolidated Waiver | <input type="checkbox"/> OBRA         |
| <input type="checkbox"/> Base                | <input type="checkbox"/> Private      |
| <input type="checkbox"/> PFDS                | <input type="checkbox"/> Other: _____ |

**MOVING FROM:**

- Residential
- Life Sharing
- Supportive Living
- Semi-Independent Living
- Other: \_\_\_\_\_

**TO:**

- Residential
- Life Sharing
- Supportive Living
- Semi-Independent Living
- Other: \_\_\_\_\_

\_\_\_\_\_  
**STAFF SIGNATURE**

\_\_\_\_\_  
**DATE**

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## FOR OFFICE USE ONLY

EO CODE: \_\_\_\_\_ RATE: \_\_\_\_\_

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