

AUTHORIZATION FOR SERVICE FORM

DATE: _____

Consumer Name: _____

MCI#: _____

Entering Program: _____
DATE

Leaving Program: _____
DATE

SERVICES PROVIDED INFORMATION

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

FOR OFFICE USE ONLY

EO CODE: _____

RATE: _____
