

## SERVICE PROVIDER CHOICE FORM

NAME OF PARTICIPANT (LAST, FIRST, MIDDLE)	DATE OF BIRTH
ADDRESS	TELEPHONE NUMBER

I have been told that I (or the person acting for me, who is my representative) may pick a provider for each service listed on my Individual Support Plan (ISP) from the providers who deliver that service to people in the Adult Autism Waiver; that I (or my representative) may pick a different provider for each service listed on my ISP; and that I (or my representative) may at any time change any provider for a service that I am getting.

### To be completed by the PARTICIPANT (OR THE PARTICIPANT'S REPRESENTATIVE):

Check each item that applies to you:

- I have been given a provider directory for the Adult Autism Waiver that lists all agencies, with their contact information, that provide the services included on my ISP.
- I have been told that I may pick any of the providers listed in the provider directory for my services and that I can change providers at any time.

\_\_\_\_\_  
PARTICIPANT OR REPRESENTATIVE SIGNATURE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WITNESS SIGNATURE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
DATE

**Note: SC should send a copy of signed Service Provider Choice Form to BAS.**

If you need help reading this information, please call the Bureau of Autism Services at 1-866-539-7689.

Si necesita ayuda para leer esta información, llame a la Oficina de Servicios para Autismo al 1-866-539-7689.

បើលោកអ្នកត្រូវការជំនួយក្នុងការអានព័ត៌មាននេះ សូមទូរស័ព្ទមកក្រសួងជំនួយផ្នែកជម្ងឺខួរក្បាលដែលទាំគ្រូក្នុងមិនរាប់បញ្ចូល 1-866-539-7689។

如果您阅读此信息需要协助, 请拨打 1-866-539-7689 联系自闭症服务局(Bureau of Autism Services).

Если вам нужна помощь при прочтении данной информации, звоните в Bureau of Autism Services по телефону 1-866-539-7689.

Nếu ếc bạn cần giúp đỡ để đọc thông tin này, xin gọi Phòng Dịch Vụ về Sự Tự Kỳ của Trẻ Em số 1-866-539-7689.