

**PA DEPARTMENT OF PUBLIC WELFARE
OFFICE OF DEVELOPMENTAL PROGRAMS
Bureau of Autism Services
Adult Autism Waiver**

SERVICE PREFERENCE FORM

NAME OF APPLICANT (LAST, FIRST, MIDDLE)		DATE
ADDRESS	D.O.B	GENDER
TELEPHONE NUMBER	SOCIAL SECURITY NUMBER	

I (or the person acting for me, who is my representative) have been told that, if I am eligible for the Adult Autism Waiver, I (or my representative) may choose to receive services through the Adult Autism Waiver, or to receive services in an institution, or to receive no services.

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

I have freely chosen the following (Check ONE option):

- To receive services in an institution.
- To receive Adult Autism Waiver services.
- To receive no services.

APPLICANT 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 សូមទូរស័ព្ទមកក្រសួងជំនួយផ្នែកជំនួយក្រុមគ្រួសារដែលទាំពួកវាមិនរាប់រកគេឯង 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 các 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.