

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

**SUPPORTS COORDINATOR CHOICE FORM**

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

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

Check each item(s) that applies to you:

- I have been given a list of the agencies, with their addresses and phone numbers that provide Supports Coordination services for people in the Adult Autism Waiver.
  
- I have been told that I may pick any Supports Coordination agency that provides Supports Coordination services for people in the Adult Autism Waiver and that I can change Supports Coordinators at any time.

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 សូមទូរស័ព្ទមកក្រសួងជំនួយផ្នែកជម្ងឺខួរក្បាលដែលនាំឲ្យក្មេងមិនរាប់រកគេឯង 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 ấc 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.