

OFFICE OF DEVELOPMENTAL PROGRAMS Bureau of Supports for Autism and Special Populations (BSASP) Adult Autism Waiver

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 access to 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 BSASP.

على الرقم 7689-539-18. (BSASP) إذا كنت بحاجة إلى مساعدة في قراءة هذه المعلومات، يرجى الاتصال بمكتب دعم التوحد والفنات السكانية الخاصة

If you need help reading this information, please call the Bureau of Supports for Autism and Special Populations (BSASP) at 1-866-539-7689. Si necesita ayuda para leer esta información, llame a la Oficina de Apoyo para el Autismo y Poblaciones Especiales (BSASP, por sus siglas en inglés) al 1-866-539-7689 ប្រសិនបើអ្នកព្រូវការជំនួយក្នុងការអានព័ត៌មាននេះ សូមទូរសព្ទទៅការិយាល័យគាំទ្រសម្រាប់ជំងឺអូទីស្សឹម និងប្រជាជនពិសេស (BSASP) តាមរយៈលេខ 1-866-539-7689 ។ 如果您需要帮助阅读此信息,请致电自闭症和特殊人群支持局 (BSASP),电话:1-866-539-7689
Если вам нужна помощь в чтении этой информации, позвоните в Бюро поддержки аутистов и особых групп населения (BSASP) по телефону 1-866-539-7689. Néu quý vị cần trợ giúp để đọc thông tin này, vui lòng gọi cho Văn Phòng Hỗ Trợ Bệnh Tự Kỷ và các Nhóm Dân Số Đặc Biệt (BSASP) theo số 1-866-539-7689.