

**PA DEPARTMENT OF HUMAN SERVICES
OFFICE OF DEVELOPMENTAL PROGRAMS
Bureau of Supports for Autism and Special Populations
Adult Autism Waiver**

SERVICE PREFERENCE FORM

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

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

ប្រសិនបើអ្នកត្រូវការជំនួយក្នុងការអានព័ត៌មាននេះ សូមទូរសព្ទទៅការិយាល័យគាំទ្រសម្រាប់ជំងឺអូតិស្ត 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.

Nếu quý vị cần trợ giúp để đọc thông tin này, vui lòng gọi cho Văn Phòng Hỗ Trợ Bệnh Tự Kỳ và các Nhóm Dân Số Đặc Biệt (BSASP) theo số 1-866-539-7689.

على الرقم (BSASP) 1-866-539-7689 إذا كنت بحاجة إلى مساعدة في قراءة هذه المعلومات، يرجى الاتصال بمكتب دعم التوحد والفئات السكانية الخاصة