**SERVICE UTILIZATION REVIEW SIGNATURE FORM**

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| NAME OF PARTICIPANT (LAST, FIRST, MIDDLE) | DATE |

It has been explained to me by my Supports Coordinator (SC) that the Bureau of Supports for Autism and Special Populations (BSASP) reviews the services on my Individual Support Plan (ISP) each year. BSASP does this so that my ISP will include the correct amount of services I probably will use. The amount of services I use is measured in units.

BSASP recommends requesting no more than 125% of the units used at the time of the ARP meeting.

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| Service | Provider | Units Billed | Units Used but not yet Billed | Total Units Used | 125% of Total Units Used | Units Requested |
| ***Example*** | ***ABC Provider*** | ***213*** | ***37*** | ***250*** | ***313*** | ***300*** |
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I agree with the requested service amounts above. I understand that I can request additional amounts of services be added to my plan at any time if my needs change.

**Participant/Representative Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_**