

ACES\$ ILLINOIS

SERVICE AUTHORIZATION FORM

ADULT WAIVER	CHILDRENS WA	AIVER					
Consumer Name :					#	٧.	
0	First	Middle		Last			
				City		County	Zip
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Self Directing Services:	i	∨ If no, p	lease fill out t	he Self Directe	ed Assistant Se	ction Below	
		Self-	Directed As	sistant Info	rmation		
o)	V				Agency		
o)	Email:					h V	
			Employer I	nformation			
‡ · · · · ·	·	#		·_ ·	k	· ··#	
- [.] V [.]			List	Employer Informa	tion Below		
First		٨	1iddle		Last		
• •			C	City		County	ZIP
- y'n V	. •		-	·_ ·			
		SERVICE /	UTHORIZAT	ION INFORM	IATION		
Purpose for Authorizati	ion: New Co	onsumer	#	0 0	* '		
U o Start D				U	о Еп	d D	
Termination of O	- t)		Re	ason for Terr	nination:		
Social PSW Name Security #		CODE	Hourly Pay Rate	Hourly Rat	't rate= e x 1.08 (8%) Rate*	Hours Approved per Month	Maximum Monthly Dolla Amount
			\$	\$	х		= \$
			\$	\$	х		= \$
			\$	\$	х		= \$
			\$	\$	х		= \$

I hereby authorize this service authorization and understand it is my responsibility to monitor and approve the provided budget for the individual consumer's service plan and monthly service maximum. I fully understand that failure to comply with the provided budget could result in the interruption of payroll for the direct support worker(s) until over budget issues are fully resolved.

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