



SERVICE AUTHORIZATION FORM

CONSUMER INFORMATION

**** Children and Young Adults: Parents/Step-parents/Guardians cannot work as PSW for consumers under the age of 18.**

Waiver Type*:(check one) Adult HCBS Children and Young Adults HCBS

Consumer Name : Consumer Number:
First Middle Last

Address:
City County Zip

Phone Number: Social Security Number RIN Number

Self Directing Services: Yes No *If no, please fill out the Self Directed Assistant Section Below*

Self-Directed Assistant Information

Self-Directed Assistant Name: Agency:

Self-Directed Assistant Email: Phone Number:

Employer Information

Who is designated as the Employer?: Consumer Someone Else Relationship to Consumer:
List Employer Information Below

Employer Name:
First Middle Last

Address:
City County ZIP

Employer Phone Number : Employer Email :

SERVICE AUTHORIZATION INFORMATION

Purpose for Authorization: New Consumer Change to Services*

Monthly Service Start Date: Monthly Service End Date:

Termination of Service Effective Date: Reason for Termination:

PSW Name	Social Security #	CODE	Hourly Pay Rate	*Unit rate= Hourly Rate x 107.0% Unit Rate*		Hours Approved per Month	Maximum Monthly Dollar Amount
1. <input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	X	<input type="text"/>	= \$ <input type="text"/>
2. <input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	X	<input type="text"/>	= \$ <input type="text"/>
3. <input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	X	<input type="text"/>	= \$ <input type="text"/>
4. <input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	X	<input type="text"/>	= \$ <input type="text"/>

*** Pay rate changes must be received by the 4th of the month to take effect for that month's payroll. Pay rate changes received after the 4th will take effect the following month.**

Total Monthly Amount = \$

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.

Employer Signature Date

SDA Signature Date

ACES\$ USE ONLY

Date Received: Date Processed: Staff Initials: