

## Service Plan – Participant Authorization

### Participant

- I give approval to share the service plan
- I, my Authorized Representative, and/or Legal Guardian have signed the Service Plan signature sheet
- I certify that I and/or my Legal Representative have been informed of waiver services
- I understand that under the waiver programs, I may request services from any Medicaid provider qualified to provide the service and that a listing of currently enrolled Medicaid providers may be obtained from Medicaid services
- I certify that I have made an informed choice when selecting services and supports and the providers/employees to provide each service, as well as the setting of each service

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Signature \_\_\_\_\_