



State of Utah
Department of Workforce Services
INDEPENDENT LIVING / ASSISTIVE TECHNOLOGY PROGRAM
AUTHORIZATION FOR SERVICES WORKSHEET

DSE Use Only

Control code: _____ Date received: _____

Authorization #: _____ Authorization date: _____

Coordinator Information

Caseload #: _____ Name: _____

Phone: _____ Fax: _____ Email: _____

Send copy of authorization via (check one): Fax Email Other: _____

Vendor Information

Vendor number: _____ Contract number/ MA _____

Name: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Estimate or quote#: _____ Contact name: _____

Consumer Information

Packet date: _____

Name: _____

Address: _____

City: _____ Zip: _____ County: _____

Phone number: _____ Cell phone: _____

Other contact: _____

Date of birth: _____ Gender: M F Does not wish to self-identify

Race/ethnicity: American Indian or Alaskan Native Asian
 Black or African American Does not wish to self-identify
 Hispanic or Latino Information not available
 Native Hawaiian or Other Pacific Islander White

Veteran status: Yes No SSN: _____

Living arrangements: Own home Rent Other: _____

Date ILP expires: _____ Date financial expires: _____

Service and/or materials: _____ Amount: _____

Equal Opportunity Employer/Program

Auxiliary aids (accommodations) and services are available upon request to individuals with disabilities by calling 801-526-9240. Individuals who are deaf, hard of hearing, or have speech impairments may call Relay Utah by dialing 711. Spanish Relay Utah: 1-888-346-3162.