Washington State Department of Social & Health Services

SOCIAL SERVICES AUTHORIZATION

DATE
INPUT OPERATOR INITITALS

2. AUTHORIZATION NUMBER	3. CASE NUMBER	4. AUTHORIZING AGENCY	5. RU NUMBER	6. WORKER'S NUMBER

7. TO BE PROVIDED BY:	8. PROVIDER NUMBER	12. WARRANT TO BE ISSUED TO:	13. PROVIDER NUMBER
9. ADDRESS		14. ADDRESS	
10. CITY STATE	11. ZIP CODE	15. CITY STATE	16. ZIP CODE

17. PRIMARY RECIPIENT'S NAME (LAST, FIRST, MIDDLE INITIAL)	18. DATE OF BIRTH MONTH DAY YEAR	19. SOCIAL SECURITY NUMBER	20. GOAL	21.	22. AFFIRM. ACTION	23. SOURCE OF REF.
17A. ADDRESS		ELIGIBILITY STOPS ON THIS DATE	24. ELIGIBILITY END DATE MONTH DAY YEAR			25. ELIG. CODE
CITY STATE	ZIP CODE					

26. NAME (LAST, FIRST, MIDDLE INITIAL)	27. DATE OF BIRTH MONTH DAY YEAR	28. TIE BRAKR	29. AFFIRM. ACTION	SPEC. PROG. AREA 30A. 30B. 30C.	31. SOURCE	32. BEGIN DATE MONTH DAY YEAR	33. END DATE MONTH DAY YEAR

34. TERM CODE	35. SERVICE NAME	36. SERVICE CODE	37. REASON	38. OBJ.	39. HRS/DAY	40. DAY/WK	41.RATE/UNIT	42. NO. UNITS	43. AUTH. AMOUNT

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44. Should OASI be withheld? ☐ Yes ☐ No

EXCEPTION TO POLICY/OTHER APPROVAL: Approved from _____ (DATE) to _____ (DATE)

Approved by _____ (SIGNATURE)

ENTER AUTHORIZATION NUMBER IN ITEM 2 BEFORE CLEARING SCREEN.

WORKER'S SIGNATURE	DATE SERVICE REQUESTED	DATE SERVICE AUTHORIZED

DISTRIBUTION: Copy 1 - Input Copy 2 - Reporting Unit