

**SELF-DETERMINATION
CHECK REQUEST FORM INSTRUCTIONS**

SELECT ONE:

1. If this is a new request, check new. If it is to stop a check request that is already authorized, check stop.

CONSUMER NAME:

2. Enter the consumer name and UCI number in the spaces provided.

WHEN FUNDS WILL BE ISSUED:

3. Check on-going, if you want this request to be paid on an on-going basis:
 - a. W-1 - The check is issued on the 1st Tuesday of the month.
 - b. W-2 - The check is issued on the 2nd Tuesday of the month.
 - c. W-3 - The check is issued on the 3rd Tuesday of the month.
 - d. W-4 - The check is issued on the 4th Tuesday of the month.

Indicate on the form which Tuesday you want the payment issued.

If the payment is to be issued one time only, check the one-time only box.

GOAL/CATEGORY:

4. Indicate the goal/category and service code in the space provided. For example; LA for Living Arrangement & 315 Financial Management Services.

MAXIMUM AMOUNT TO BE ISSUED:

5. Please indicate the amount you want paid per month if it is an on-going request or per check request if it is a one-time request.

DESCRIPTION & DATES OF SERVICE:

6. Please provide a description and date of services provided or a description of the item you are purchasing.

CHECK PAYBLE TO:

7. Please indicate to whom you want the check made payable.

PROVIDER ADDRESS:

8. Please tell us where you want the check sent. Make sure you provide a complete mailing address and any account numbers or identifying information for the payment. Please write clearly.

WHERE TO MAIL THE CHECK:

9. Check mail check directly to payee if you want the check sent directly to the person the check is payable to.
10. Check mail check to regional center c/o consumer if you want the check sent to the Regional Center to your attention.
11. Check mail check to consumer's address if you want the check mailed to your address. *Note you may have a check made payable to another person yet mailed to your address. For example, to buy bus passes you could ask for the check to be made payable to MTA and have it mailed to your address so you can buy the passes in the person.*

PREPARED BY:

12. Please have whoever completes the form print their name, phone number and the date the request was completed.

SERVICE COORDINATOR SIGNATURE:

13. Your Service Coordinator will sign and date the request (when necessary for approval).