

State of Montana  
 Department of Public Health and Human Services

Rev. 11/2015

	<b>PERSONAL ASSISTANCE                  SERVICES/COMMUNITY FIRST CHOICE                  FORMS REQUISITION</b> Self-Direct	Send to: Central Office Senior & Long Term Care P.O. Box 4210 Helena, MT 59604-4210 Phone: 406-444-4541 FAX: 406-444-7743
Requesting Agency Name:		Request Date:
Street Address:	City: Zip:	Telephone No:
Name of Requestor:		
Signature of Requestor:		Date Shipped:

Qty Requested	Qty Sent	Form Number	Form Name
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**Forms Distributed by Central Office:**

- \_\_\_\_\_ SLTC 159 Member Agreement (Replaces previous version)
- \_\_\_\_\_ SLTC-160 Health Care Professional Authorization (Replaces previous version)
- \_\_\_\_\_ SLTC-166 Personal Representative Agreement (Replaces previous version)
- \_\_\_\_\_ SLTC-175 SD-CFC/SDPAS Service Plan (New)
- \_\_\_\_\_ SLTC-200 Person Centered Plan (New)
- \_\_\_\_\_ SLTC-210 Recertification Document (Replaces SLTC 164 & SLTC 150)
- \_\_\_\_\_ CFC and PAS Personal Assistance Handbook (Must be given to each Member).

**NOTE:** All forms come in bundles of 50 but can be requested in smaller quantities. Please do not put down number of bundles, use total number of forms. For example: 100 not 2. If you do not receive the forms you ordered, please call the above phone number.