OR BWS Developmental Disabilities		Name (Last,	First, MI,)		Social Secu	ırity No.	Date of Birth	County	,	Living an	nd Care Arrai		Proposed Budget				
2020-10-23 Waiver Budget						000-00-0000			(sele	ct county)	(select L	iving and Ca		Lvl (select)				
	Client's Full ISP Year				This Prior Au	thorization (P.	PA) Budget Period (full or part of ISP Year)					TPA ente	ers this code		int			
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											th	is PA's start o	date 1/0/00.	The	budget value is <u>f</u>	or comparison	Р	
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OR BWS Developmental Disabilities		Name (Last	. First. M	1)	Date of Birt	e of Birth County				d Care Arra	Pro	posed Budget	ī							
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OR B	WS Developm	Name (Last,	First, M	1)		Social Security No. Date of Birth			h County			Living ar	nd Care Arra	I	Proposed Budget							
2020-10							000-00-0000			(select county)			(select L	iving and Ca	re Arranger	ment)			L	ıl (se	lect)	
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OR BWS Developmental Disabilities		oilities /	lame (Last, First, MI)	Date of Birth Cou		ty		Living and Ca	Prop	osed Budget							
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(select one)																
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F	or a fax-friendly printo	ut, see ins	tructions on next works	sheet tab.		Revisions submitted		1									
(Click worksheet tab "Ste	eps for BW	Printing" (bottom of ye	our screen).				2						This PA is part of the documentation to v			
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