



**School Based – Personal Care Attendant
Prior Authorization Request Form**

Personal care attendant services must be medically necessary and must be listed in the student’s plan of care.

Student Name: _____

Student SoonerCare #: _____

School Name/Address:

Student currently on an IEP: _____ Yes _____ No?

Please indicate the procedure code and number of units being requested for the school year:

_____ Code _____ # Units

School Personnel Signature: _____