



# MSHO Independent Living Services (ILS) Supplemental Benefit Authorization Request

**FYI ... For members open to Elderly Wavier services only. This service does not count towards the member Elderly Waiver budget.**



**Fax** form and any relevant documentation to:  
**612-884-2185** or **1-866-402-5018**



For questions, **call: 612-676-6705**  
Email: [CLSintake@ucare.org](mailto:CLSintake@ucare.org)

<b>MEMBER INFORMATION</b>	Member Name _____ Member ID _____
	Care Coordinator Name _____ Phone Number _____
	Care Coordinator Email _____ Fax _____
<b>SERVICE/PROCEDURE/ ITEMS REQUESTED</b>	<b>SERVICE AGREEMENT</b>
	Service Description _____
	Start Date _____ End Date _____
	Negotiated Rate _____
	Provider Name _____ NPI _____
	Provider Phone _____ Fax _____
	Please use this field to add additional comments to your request.

**Note: Incomplete, illegible or inaccurate forms will be returned to Care Manager.**