



**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: \_\_\_\_\_