



Waiver Programs
Texas Department of Mental Health and Mental Retardation

WAIV-Choice	Provider Choice (Action Code L05)	Rev. 2/08	
Action	Add: <input type="checkbox"/>	Change: <input type="checkbox"/>	Delete: <input type="checkbox"/>
Last Name	<input type="text"/>	Medicaid Number	<input type="text"/>
Suffix	<input type="text"/>	Component	<input type="text"/>
First Name	<input type="text"/>	Client ID	<input type="text"/>
Middle Name	<input type="text"/>	Local Case Number	<input type="text"/>
Program Provider (PRGP)			
Component	<input type="text"/>		
Local Case Number	<input type="text"/>		
Contract Number	<input type="text"/>		
Location Code	<input type="text"/>		
Consumer Directed Service Agency (CDSA)			
Component	<input type="text"/>		
Local Case Number	<input type="text"/>		
Contract Number	<input type="text"/>		
Services Begin Date	<input type="text"/> <input type="text"/> <input type="text"/>	Service County	<input type="text"/>
	MM DD YYYY		
Completed By: _____	Date: _____		