

1199 S. Belt Line Road, Suite 100 Coppell, Texas 75019 phone 972-906-2813 fax 972-906-2834

## ALLOWCARD RECEIPT FORM

I have rece in the Self-Directed Care program. I am to specifically purchases that relate to SDC. Any unauthorized purch could result in my dismissal from the SDC program.	
Signature of Participant & Date	-
Witness Signature & Date	-