Charges Paid By ScreenWise

services you may want or your provider might recommend	I. You are still eligible to receive ScreenWise
services even if you turn down other services offered or re	commended.
Nama (Printed):	
Name (Printed):	
Name (Signature):	
Date:	
Charges Not Paid by ScreenWise	
I agree to pay for the following:	
Service / Product	Estimated Cost
	Estimated Total:
Nama (Drintad)	
Name (Printed):	
Name (Signature)	
Name (Signature):	

The Oregon ScreenWise Program agrees to cover the main costs for your visit, but does not cover all