

FLEX FUNDS PAYMENT APPROVAL – REQUEST FORM

Dollar Amount Requested <small>(For one time payments only)</small>	Hours Per Week <small>(Required for Credentialed Service)</small>	Duration <small>(Required for Credentialed Service)</small>

Provider Name & LINK ID Number	Provider Address (If Appropriate)

CHILD'S NAME	CHILD'S LINK #	D.O.B	Gender	CASE NAME	CASE LINK #
			M / F		
			M / F		
			M / F		
			M / F		
			M / F		

<u>Service Type</u>	<u>In-home Code</u>	<u>Foster Care Code</u>
<input type="checkbox"/> Assessment	<input type="checkbox"/> 596	<input type="checkbox"/> 610 Credentialed service
<input type="checkbox"/> Behavior Management	<input type="checkbox"/> 597	<input type="checkbox"/> 611 Credentialed service
<input type="checkbox"/> Case Management	<input type="checkbox"/> 598	<input type="checkbox"/> 612
<input type="checkbox"/> Respite Services	<input type="checkbox"/> 294	<input type="checkbox"/> 372
<input type="checkbox"/> Respite Services Medically Complex	<input type="checkbox"/> 607	<input type="checkbox"/> 360
<input type="checkbox"/> Supervised Visitation	<input type="checkbox"/> 608	<input type="checkbox"/> 613 Credentialed service
<input type="checkbox"/> Therapeutic Support Staff	<input type="checkbox"/> 609	<input type="checkbox"/> 614 Credentialed service
<input type="checkbox"/> Support Staff	<input type="checkbox"/> 620	<input type="checkbox"/> 621 Credentialed service
<input type="checkbox"/> Medical Treatment	<input type="checkbox"/> 154	<input type="checkbox"/> 358
<input type="checkbox"/> Behavioral Health Services	<input type="checkbox"/> 594	<input type="checkbox"/> 615
<input type="checkbox"/> Other/Miscellaneous	<input type="checkbox"/> 606	<input type="checkbox"/> 361

<u>Emergency Needs</u>	<u>Code</u>
<input type="checkbox"/> Clothing Voucher	<input type="checkbox"/> 590
<input type="checkbox"/> Furniture Vouch	<input type="checkbox"/> 591
<input type="checkbox"/> Rent Assistance	<input type="checkbox"/> 592
<input type="checkbox"/> Utility Assistance	<input type="checkbox"/> 593
<input type="checkbox"/> Other	<input type="checkbox"/> 484

SW	Date:	SWS	Date:	PS	Date:

Document the reason for request: (Include any attempts to meet the need through other venues) below