

Flexible Funds Authorization Form
DHHS Children's Behavioral Health Services District 3, 4,& 5
 (Somerset, Kennebec, Knox, Waldo, Lincoln, Sagadahoc, Androscoggin, Franklin, Oxford Counties)

Submit Form to: DHHS, 11 State House Station, 35 Anthony Ave, 2nd fl, Augusta, ME 04333
 Or fax to 624-5242 with appropriate documentation

Date of Request: _____

AGENCY: _____ CASEMANAGER: _____ PHONE: _____

PROVIDER INFORMATION

Name: _____
 Address: _____

 Phone: _____
 Social Sec. #: _____
 Employer ID#: _____

W9 Attached (Federal Identified form)

CHILD'S INFORMATION

DOC INVOLVMENT
 Child's Name: _____
 Child's SSN: _____ DOB: _____
 Medicaid Eligible: (check one) Yes No
 Medicaid Number: _____
 Child's Gender: (check one) M F
 Town: _____ County: _____
 Diagnosis/disability: (check one) EI/DD MR/Autism
 MH MH/MR /Autism

DESCRIBE SERVICE CLEARLY (ATTACH DOCUMENTATION OF NEED AND WHAT OTHER FUNDING OPTIONS HAVE BEEN ATTEMPTED)

What other funding sources have been sought: _____

Appropriate documentation attached (ISP, order form, Physicians documentation etc.)

Length of Service: _____ Rate: \$ _____ per _____

Frequency: _____ Total Amount Requested: _____

Agency Supervisor Signature: _____ Date: _____

* * * * * *DO NO WRITE BELOW THIS LINE* * * * * *

Regional Authorization: _____ Date: _____

(Kathy Alley, Susanne Boras, Judy Adams, Sandie Worthington, Ericka Deering,
 Rachel Booker, Nadine Martin, Leslie Smith, Rick Meagher)

\$ _____	# 1099
\$ _____	Non-Tax
\$ _____	Total