**REQUEST FOR VOUCHERS FORM 2019**

**\*\*\*January 1st – December 31st 2019\*\*\***

**\*\*\*VOUCHERS MUST BE REQUESTED BEFORE SERVICE BEGINS\*\*\***

**PLEASE PRINT ALL INFORMATION**

Name of person enrolled **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Today’s Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Requesting Family Member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Zip Code**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please indicate if you would like to have this request handled as a reimbursement Yes\_\_\_\_\_ No\_\_\_\_**

**(W9 form must be on file for the parent/guardian for family reimbursement)**

**RESPITE CARE**

**(A completed provider application, W9 form-if paying the provider directly, & family waiver must be on file**

Provider/Vendor’s Name Number of vouchers needed Amount $ needed per voucher

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**OTHER**

Provider/Vendor’s Name Number of vouchers needed Amount $ needed per voucher

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Signature of Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OVER**

Name of person enrolled **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Today’s Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Requesting Family Member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**THERAPY, COUNSELING, TRAINING, EDUCATION**

**(A doctor’s or therapist’s recommendation for this service must be on file)**

**If you do not have one on file, you must complete the Verification of Need form before we can issue vouchers.**

Provider/Vendor’s Name Number of vouchers needed Amount $ needed per voucher

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**DIAPERS**

Provider/Vendor’s Name Number of vouchers needed Amount $ needed per voucher

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**SPECIAL DIETS/SUPPLEMENTS**

**A doctor’s or therapist’s recommendation for this service must be on file)**

**If you do not have one on file, you must complete the Verification of Need form before we can issue vouchers.**

Provider/Vendor’s Name Number of vouchers needed Amount $ needed per voucher

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Signature of Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_