

# Request for Flexible Funds

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Sex:**  Male  Female

**Race:**  American Indian  Asian  Bi-Racial  African American   
Hispanic/Latino  Hawaiian  Other  Unknown  Caucasian

**\*LOC:** \_\_\_\_\_

**Treatment Plan Need to be addressed by provider:** \_\_\_\_\_

**Service Provision Goal(s):** \_\_\_\_\_

**Service Requesting:** \_\_\_\_\_

**Provider:** \_\_\_\_\_

Number of hours/days of service to be provided in one month: \_\_\_\_\_

Months that services will be provided (please write out actual month, ex. May, June, etc):

\_\_\_\_\_

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Case Manager Signature

Date

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Supervisor Signature

Date

## Request for Flexible Funds

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\*Flexible funds may only be used for clients that have a LOC in the 2's