

# JUVENILE PROBATION FLEXIBLE FUNDING REQUEST FORM

JD-AP-151 New 10-08

## Instructions

1. Please print all data.
2. Fax completed form to: Advanced Behavioral Health, Attention: Flexible Funds Coordinator, Fax Number (860) 638-5302.

Name of Area Office Location: \_\_\_\_\_

## Section A — Request Information

Request date <i>(Month/day/year)</i>		Amount requested \$	Funds used <i>(Check one)</i> <input type="checkbox"/> CSSD <input type="checkbox"/> EJ Flex — Behavioral Health <input type="checkbox"/> EJ Flex — Education <input type="checkbox"/> EJ Flex — General	
Probation Officer name/title		Probation Officer contact number <i>(include area code)</i>		
Parent/Guardian name <i>(Last name, first name)</i>		Client name <i>(Last name, first name)</i>		
Service Dates <i>(from/to)</i>	Service Code	Service Description	Number of Units	Unit Cost

What Care Plan need does this expenditure address?

## Section B — Payment Information

### Make Check Payable To:

Vendor or individual name			
Street address			
City		State	Zip
Phone number		Fax number	
(Check if applicable) <input type="checkbox"/> W-9 Form Attached <input type="checkbox"/> Client Name on Check			

### Mail Check To: ☐ (Check box if same as Check Payable)

Name		
Business agency		
Street address		
City	State	Zip
Phone number		

## Section C — Request Approval

### \*Approval by DCF Area Office Lead or JPO Supervisor

Name \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

\*Emily J. Target Class Member Flexible Funding Requests must be determined by the Case Review team and approved by the DCF Emily J Area Office lead or JPO supervisor.