

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 (Month/day/year)		Amount requested \$	Funds used (Check one)	
Probation Officer name/title		Probation Officer contact number (include area code)	<input type="checkbox"/> CSSD	
Parent/Guardian name (Last name, first name)		Client name (Last name, first name)	<input type="checkbox"/> EJ Flex — Behavioral Health	
Service Dates (from/to)	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 _____