

Referral and Authorization for Child Welfare Services

Contractor Name		
Address Line 1		
Address Line 2		
City	State	Zip Code

<input type="checkbox"/> New	<input type="checkbox"/> Reauthorization	<input type="checkbox"/> Termination
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DHS Referring Worker	Phone	
Address		
City	State	Zip Code

Billing Child's Name		State ID	
Date of Birth	County of Financial Responsibility	Case ID	FACS ID

Service Code	Authorization Date	Effective Date	Final Eligibility Date

You are authorized to provide the services listed above for the duration listed. This notice supersedes any prior authorization of these same services as of the EFFECTIVE date indicated.

DHS Case Manager Signature	Date
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Supervisor Signature	Date
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