

WORK FIRST PROGRAM PURCHASE OF SERVICES: REFERRAL AND AUTHORIZATION

The following persons are referred by the _____ County Department of Social Services for services to be provided by: _____.

I. REFERRAL

Individual to Receive Services	Street Address	Telephone Number	Date of Birth	EIS ID#	Service Code(s)	Authorization Period	Cost Sharing Amount

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II. AUTHORIZATION

The provider is authorized to claim reimbursement for services provided to the individual(s) named above for the specified authorization period (s). _____

Date Completed: _____ Worker's Signature: _____

III. CANCELLATION

The original authorization period for the above individual(s) has ended early.

Authorization terminates effective: _____ Date Completed: _____

Worker's Signature: _____

Agency Contact Person: _____ Telephone number: _____

Authorized County Representative: _____ Telephone number: _____