



COUNTY SOCIAL SERVICES FUNDING REQUEST FORM

You may complete this form and send to Central Intake to enter and authorize the funding request in CSN. Or you may enter your own funding request and Central Intake will then authorize it.

CLIENT NAME: _____ **CSN CLIENT ID:** _____

FUNDING REQUEST TYPE:

- CRISIS AUTHORIZATION
- SERVICE AUTHORIZATION

FUNDING START DATE: ____ / ____ / ____

FUNDING END DATE: ____ / ____ / ____

SERVICE PROVIDER NAME: _____

PROVIDER ADDRESS (AT LEAST CITY) OR CSN PROVIDER ID: _____

SERVICE INFORMATION: (See County Social Services Guidebook to Covered Services for guidance)

- **5-DIGIT COA:** _____
- **SERVICE DESCRIPTION:** _____
- **TIER OR U-CODE (if applicable):** _____
- **SERVICE RATE (if known):** _____
- **NUMBER OF UNITS:** _____ **PER** **MONTH** **APPROVED PERIOD**
(CHECK ONE OF THESE TWO)

ARE THERE ANY INTERNAL NOTES THAT YOU WANT IN THE FUNDING REQUEST? (These do not appear on the Notice of Decision)

ARE THERE ANY NOTES THAT YOU WANT TO APPEAR ON THE NOTICE OF DECISION?

Signature of Person Completing Form

Date