

## NORTHWEST EDUCATIONAL SERVICE DISTRICT 189 FORM 1310-BH1200F1 Page 1 of 2

## CHILDREN'S BEHAVIORAL HEALTH SERVICES FLEXIBLE FUND REQUEST FORM

Date of Request			Name of Therapist:		
Child/Youth #					
<b>Funding Source:</b>	() Medicaid	() Skagit	() Whatcom ()		
<b>Total Request</b>	\$	(Include	de taxes, shipping, etc.)		
Describe in full detail the Flexible Fund request.					
How is this request related to the child's/youth's individual treatment plan?					
Describe other attempts to secure funds for this child/you.					
Provide any other necessary details (i.e. vendor information)					
Health Program Add	ditional Fiscal Re	equirements. I	e to follow NWESD Policy #1310-BH1200 <i>Behavioral</i> also affirm that flexible funds will not be used for legal sees available to meet this request.		
Therapist Signature an	d Credentials D	ate	Note: In some cases a release of confidential		
Digitalia dil			information will be required in order to speak with a vendor on behalf of the child or		
Therapist Printed Nam	e	Date	youth. Please initial below if you have a valid release between the child/youth and		
Supervisor Signature/O	Credentials D	ate	- proposed vendor.		



## NORTHWEST EDUCATIONAL SERVICE DISTRICT 189 FORM 1310-BH1200F1 Page 2 of 2

Note:				
Official use only				
Behavioral Health Program Manager Signature	Assistant Superintendent of Finance and Compliance (Signature required if amount exceeds \$1,500)			
Budget Code:	Purchase Order #:			
c: Clinical File Quality Manager				
Presented to Board: 01/28/15				