

## Flexible Funding Requisition Form

Consumer: _____	ISC: _____
Amount Requested: _____ Date: _____	EIN or S.S. #: _____

Name of 3 <sup>rd</sup> Party or Service Provider to Receive Funding: _____ (Please print name exactly as it should appear on the check if funding is approved)
Address: _____
Telephone Number: _____

Reason for request and brief explanation of how funds will aid the consumer in meeting a need identified in the care plan related to supporting community placement and quality of life.
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I, hereby certify, that I have looked into the effects of this funding on the Consumer's other funding and services, and have determined that the flexible funds will not jeopardize the continuation of the other funding and services.	
_____ Signature of ISC	_____ Date

_____ Signature of Consumer	_____ Date
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<b>For Administrative Use Only:</b>	<b>APPROVED</b>	<b>DENIED</b>
Date Reviewed by Committee: _____		
Method of Review:	Phone Conferences	In Person Meetings
Committee Members:	Approved	Denied
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*If you have questions regarding this form, please contact David Frydman at Franklin Pierce Law Center, Institute for Health, Law & Ethics, (603) 228-1541 or [Dfrydman@fplc.edu](mailto:Dfrydman@fplc.edu).*