

REQUEST FOR AUTHORIZATION

I. Vendor Information

Name: _____
Address: _____

Phone: _____
Employment Specialist: _____

II. Consumer Data

Consumer: _____
_____ DRS Counselor: _____ Case Manager: _____
Status: Situational Assessment Job Development Placement & Training Follow-Along

III. Request for Authorization

Number of Hours Requested: _____ Date of Previous Authorization _____ Number Hours Remaining: _____
Summary of Progress/Comments/Justification for Request: _____

Employment Specialist _____ Date: _____

Submission of request does not constitute approval. Bottom portion must be completed by DRS staff and returned to Provider.

Date Received by DRS: _____

- Request Approved—Authorization to follow within 5 working days
- Request Denied—Please provide the following additional documentation: _____

DRS Counselor _____ Date _____