



San Mateo County Behavioral Health and Recovery Services

727 Shasta Street Redwood City CA 94063

Phone: 650.599.1033 FAX: 650.368.4001

**CONFIDENTIAL PATIENT
INFORMATION: See
California Welfare and
Institutions Code Section 5328.**

**CHILD-YOUTH FLEXIBLE FUNDS
REQUEST AUTHORIZATION FORM**

| | | | | | | | |
|-------------------------------|--|-----------|--|--------|-------|--|--|
| Youth's Name | | File # | | Date | | | |
| Male <input type="checkbox"/> | Female <input type="checkbox"/> | DOB | | School | | | |
| Special Ed | <input type="checkbox"/> Yes <input type="checkbox"/> No | Requestor | | | Phone | | |

| | | | | |
|--------------------|--|--|--------------------------------|-------------------------------|
| Agency Involvement | <input type="checkbox"/> Probation | <input type="checkbox"/> Child Welfare | <input type="checkbox"/> Sp Ed | <input type="checkbox"/> GGRC |
| | <input type="checkbox"/> Other | Indicate | | |
| | <input type="checkbox"/> Private Therapist | Name | | |

Services Requested

| | | | |
|---------------------------------------|---|---|---|
| <input type="checkbox"/> Respite Care | <input type="checkbox"/> After-School | <input type="checkbox"/> Family Support | <input type="checkbox"/> Child Support |
| <input type="checkbox"/> Recreation | <input type="checkbox"/> Crisis Stabilization | Please check one: <input type="checkbox"/> Goods/Supplies Services | Please check one: <input type="checkbox"/> Goods/Supplies Services |
| <input type="checkbox"/> Therapy | | | |
| <input type="checkbox"/> Other : | | | |

| |
|--|
| Flexible Services Description/or Funds Requested & Time Period |
| Why |
| Outcomes |
| Strengths |

| | | | |
|----------------|----|---------------------|----|
| Flexible Funds | \$ | Family Contribution | \$ |
|----------------|----|---------------------|----|

Disbursement Plan

| | | |
|-----------------------|--------|----|
| Issue Check To | Amount | \$ |
| Address to Mail Check | | |
| Attn: | | |
| Special Instructions | | |
| | | |

Proposed Service Expenditures

| Item | Gross Cost | Family Contribution | Mental Health Cost |
|------|------------|---------------------|--------------------|
| | | | |
| | | | |
| | | | |

Authorization Sign Off

| | | |
|-----------|------------|---------|
| | | |
| Requester | Supervisor | Manager |

| | | | |
|------------------|------|--------------|--------------|
| | | | |
| Parent Signature | Date | HH Signature | Date on File |

Parent not available to sign

| |
|---------------------|
| |
| Requester's Initial |

San Mateo County Hold Harmless Agreement

As part of my rehabilitation resource plan, I accept the provision of goods and services through BHRS's Child/Youth Flexible Funds.

The Flexible Funds provide for activities to enhance my ability to live in the least restricted setting.

I fully and completely release and hold harmless the County of San Mateo and its employees for any damages and/or injury whatsoever, including to the full extent allowed by law, liability which may result from my participation in this service or activity.

This agreement commences on the date of my signature below, and will be in effect for one year

| | |
|---------------------------|------|
| Parent/Guardian Signature | Date |
| Witness (Provider) | Date |

Return completed and approved forms by mail to MHA, 2686 Spring Street, Redwood City, CA 94063 or by fax (*see page one for fax number*)

Copy to chart
Copy to client