



San Mateo County Behavioral Health Services
 225 – 37th Avenue, Room 320 San Mateo, CA 94403

Mental Health Association
Phone: 650.368.3345 Ext. 101 FAX: 650.368.2534

**YOUTH TRANSITION, ADULT/OLDER ADULT FLEXIBLE FUNDS
 REQUEST AUTHORIZATION FORM**

Date		

Request Made By <small>(Name, Title, Agency or relationship to client)</small>	
Phone Number	

Instructions for Payment

Maximum Amount Requested	\$			
These funds will be paid out in the following manner	<input type="checkbox"/> One time only	<input type="checkbox"/> Monthly	<input type="checkbox"/> Other	
Signature Authorization				
Request Approved	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Under \$200 may be approved by the Unit Chief Over \$200 must be approved by Adult Deputy/Manager				
Signature		Date		

Complete Youth Transition or Adult/Older Adult Information

I. Youth Transition

Client Name		Amount	
Funds Are Requested For:			
<input type="checkbox"/> Transportation	<input type="checkbox"/> Moving Costs	<input type="checkbox"/> Clothes or Grooming	
<input type="checkbox"/> Leisure Activities	<input type="checkbox"/> Storage	<input type="checkbox"/> Other	

Young Adult Social Fund

Event			
Event Date		Amount	

Peer Counseling Financial Award

Name		Amount	
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II. Adult/Older Adult

Client Name		Amount	
Funds Are Requested For:			
<input type="checkbox"/> Transportation	<input type="checkbox"/> Moving Costs	<input type="checkbox"/> Clothes or Grooming	
<input type="checkbox"/> Leisure Activities	<input type="checkbox"/> Storage	<input type="checkbox"/> Food	
<input type="checkbox"/> Other			

Agency Payments

Name		Amount	
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On-going Outing & Parties

Agency			
Event			
Event Date		Amount	

Disbursement Instructions

<input type="checkbox"/> Pay Now		<input type="checkbox"/> Pay upon invoices	
If payment is to be made upon invoice, when will they arrive and how many are expected?			
Check to be made payable to:			
Address			
City/State/Zip			
Direct Questions to			
	Phone	Fax	

Payback

I, _____, agree to pay back \$			
of the money provided from the Behavioral Health Flexible Funds.			
Payments should be made to: Mental Health Association of San Mateo County Flexible Funds 2686 Spring Street Redwood City, CA 94063			
I have read, understand, and agree to pay back the funds in the amount above.			
Client Signature		Date	
Conservator Signature		Date	
Representative Payee's Signature		Date	

San Mateo County Hold Harmless Agreement

As part of my rehabilitation resource plan, I accept the provision of goods and services through the Mental Health Division's Adult 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.

Client Signature		Date	
Conservator Signature		Date	
Witness (Provider)		Date	

Return completed and approved forms by mail to MHA, 2686 Spring Street, Redwood City, CA 94063 or fax to 650.368.2534.

Copy to chart
Copy to client