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

San Mateo County Behavioral Health and Recovery Services
727 Shasta Street Redwood City CA 94063
Phone: 650.599.1033 FAX: 650.368-4001

CHILD-YOUTH NMT FLEXIBLE FUNDS REQUEST AUTHORIZATION FORM

NMT Assessment Completed: ☐ No ☐ Yes Date 1_____Date 2 _____

Youth's Name	flex	File #		Date			
Male ☐	Female ☐	DOB				School	
Special Ed	☐ Yes ☐ No	Requestor			Phone		

Agency Involvement	☐ Probation	☐ Child Welfare	☐ Sp Ed	☐ GGRC
	☐ Other	Indicate		
	☐ Private Therapist	Name		

Services Requested

☐ Respite Care	☐ After-School	☐ Family Support	☐ Child Support
☐ Recreation	☐ Crisis Stabilization	Please check one: ☐ Goods/Supplies ☐ Services	Please check one: ☐ Goods/Supplies ☐ Services
☐ Therapy			
☐ Other :			

NMT Flexible Services Description/or Funds Requested & Time Period
Why
Outcomes
Utilization Plan

Flexible Funds	$	Family Contribution	$

Youth's Name _____

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