



Williams County Service Coordination Funding Request Form

Date: _____ Is Service Coordination Release of Information Current: Y N

Identified Client's Name: _____ Service Coordination Level: _____

Parent or Guardian: _____ Home Phone: _____ Cell Phone: _____

Address: _____ City/State/Zip: _____

Funding Requested For: _____ Relationship to Client: _____

Is Funding Recipient(s) Included in the current IFSCP? Y N* If No, Attach IFSCP Revision

Person Requesting Funding: _____ Phone: _____

Has Parent Agreed to Service? Has Provider Agreed to Service?

Quantity/Frequency of Service	Service Description	Service Provider	Total Request Amount	IFSCP Goal Supported By This Service

Date Presented to FCT: _____

Does Funding Request Meet Goal of Service Coordination Plan? Yes No

Which Category?

- | | |
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| <p><u> </u> Non-Clinical In-Home Visits</p> <p><u> </u> Parent Education</p> <p><u> </u> Mentoring</p> <p><u> </u> Transportation</p> <p><u> </u> Social/Recreational Supports</p> <p><u> </u> Structured Activities to Improve Family Functioning</p> | <p><u> </u> Non-Clinical Parent Support Groups</p> <p><u> </u> Respite (Including Camp)</p> <p><u> </u> Safety and Adaptive Equipment</p> <p><u> </u> Parent Advocacy</p> <p><u> </u> Service Coordination</p> <p><u> </u> Other</p> |
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