

# Moving Forward

## Flex Fund Request

Child/Youth Name: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_

Family/Guardian Mailing Address: \_\_\_\_\_

Family/Guardian Phone Number: \_\_\_\_\_

Name of Case Manager: \_\_\_\_\_ Agency: \_\_\_\_\_

Case Manager Phone Number and extension: \_\_\_\_\_

### REASON FOR REQUESTING FUNDS:

\_\_\_\_\_  
\_\_\_\_\_

### ITEMIZATION OF SERVICES/COSTS:

Service Requested	1) Cost/Hour	2) Hours/Day	3) # of Days	Total Cost (col 1x2x3)
Total Amount of Contract.....				

Name of Provider of this service : \_\_\_\_\_

DATES OF SERVICE START DATE: \_\_\_\_\_ ENDING DATE: \_\_\_\_\_

Services provided after the ending date shown above will not be paid. Client will need to apply for additional services.

Funds requested by: \_\_\_\_\_ Date: \_\_\_\_\_

Funds authorized by: \_\_\_\_\_ Date: \_\_\_\_\_

COUNTY: ANDROSCOGGIN \_\_\_ FRANKLIN \_\_\_ OXFORD \_\_\_

FUNDS NEEDED FOR:

One time diagnosis and assessment	_____
Transportation to therapy services	_____
Time-limited or specialized activities (car repairs, rent, utility bill)	_____
Items to ensure safety in the home (such as door alarms or gates )	_____
Other: please explain	_____

Check issued to: (name) \_\_\_\_\_

(address) \_\_\_\_\_

(telephone) \_\_\_\_\_

Send form to Youth Transition Specialist, TCMHS, PO Box 2008, Lewiston, Maine 04241-2008.  
Waiver of liability must be submitted in parent selected caregiver situations before payment can be made.

1. How does this expenditure help the young person in working toward any goals identified in his/her treatment plan?

---

---

---

---

2. How will this expenditure support and promote the young person's strengths and help in the transition to independent living?

Domains: Education, Employment, Daily Living

Skills \_\_\_\_\_

---

---

---

---

3. What other sources of funding were explored or utilized before a flex fund request was made? (Community Resources, Daily Living Skills)

---

---

---

---

4. If this expense is expected to be a long term need (ex. housing), is there a plan for how this cost will be paid once TIP flex funds are no longer available? (Sustainability)

---

---

---

---

5. Has the youth/young adult's treatment plan been written to include the involvement of Moving Forward, the use of flex funds, and address the need identified?

---

---



Send form to Youth Transition Specialist, TCMHS, PO Box 2008, Lewiston, Maine 04241-2008.  
Waiver of liability must be submitted in parent selected caregiver situations before payment can be made.