

A copy of the child's individual plan (ISP, IFSP, Service Agreement, Supportive Document, etc.) must accompany this request

Child's Name _____ Social Security # [] - [] - []
Last Name First Name MI

Diagnosis _____

NEED FOR SERVICE(S) (from Section E Page 1)

Describe why this service is needed and how it is expected to benefit the child

SUMMARY OF OTHER FUNDING EXPLORED

Has other funding been explored for this request? Yes No

If **Yes**, Please complete the following:

<u>Type of Funding</u>	<u>Amount Requested</u>	<u>Amount Received</u>	<u>Reason(s) Funding not Received</u>
MaineCare	_____	_____	_____
Parents	_____	_____	_____
Other (List)	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If **No**, please indicate why other funding has not been explored

Completed By:

Print Complete Name Title Date

Signature

neck one)

Service

Date

etc.)

