



## Request for HCBS Waiver Funds

Date: \_\_\_\_\_

Flex Funds for the month of: \_\_\_\_\_

I, \_\_\_\_\_ (your name), hereby accept flex funds in the total amount of \_\_\_\_\_ for \_\_\_\_\_ (child's name) funded on the debit card # \_\_\_\_\_

It is my responsibility to use such funds only as authorized. Any flex funds used without a valid receipt will not be subject to compensation. A valid receipt must include the date, time, and store name and cannot be handwritten. Said receipts must be submitted every month. I also concede that any unused funds shall be returned and are not carried over to the next month.

\_\_\_\_\_  
Financial Department Authorization

\_\_\_\_\_  
Provider Signature