



Request for OPWDD 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 accept that any missing receipt will be subtracted from my work compensation. I also concede that any unused funds shall be returned and are not carried over to the next month.

Financial Department Authorization

Worker Signature