Individual Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Completion:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Care Manager Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CCO:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please identify the quarter(s) you are intending to use the funds being requested:

\_\_\_\_\_\_\_\_ 1st Quarter (January - March)

\_\_\_\_\_\_\_\_ 2nd Quarter (April - June)

\_\_\_\_\_\_\_\_ 3rd Quarter (July-September)

\_\_\_\_\_\_\_\_ 4th Quarter (October- December)

Please note your approvals will be based upon the quarters of usage.

If you are requesting all 4 quarters your approval amounts will be broken up per quarter for usage, unless otherwise identified in your application

Requested Approval Amount Per Quarter:

$\_\_\_\_\_\_\_\_\_\_\_\_ 1st Quarter (January - March)

$\_\_\_\_\_\_\_\_\_\_\_\_ 2nd Quarter (April - June)

$\_\_\_\_\_\_\_\_\_\_\_\_ 3rd Quarter (July-September)

$\_\_\_\_\_\_\_\_\_\_\_\_ 4th Quarter (October- December)

Please note, failure to use the identified amount of money for each quarter will result in a forfeit of that quarter funds, unless otherwise addressed with the Family Reimbursement program.

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

Parent/Guardian Signature Date