WORK FIRST PROGRAM PURCHASE OF SERVICES: REFERRAL AND AUTHORIZATION

The following persons are referred by the _____ County Department of Social Services for services to

be provided by: _____

I. REFERRAL

Street Address	Telephone Number	Date of Birth	EIS ID#	Service Code(s)	Authorization Period	Cost Sharing Amount
	Street Address	Street Address Telephone Number Image: Street Address Image: Street Address Image: Street Addres Image: Street Address	Street Address Telephone Number Date of Birth Image: Street Address Image: Street Address Image: Street Address Image: Street Address Image: Street Address Image: Street Address Image: Street Address Image: Street Address Image: Street Address Image: Street Address Image: Street Address Image: Street Address Image: Street Address Image: Street Address Image: Street Address Image: Street Address Image: Street Address Image: Street Address Image: Street Address Image: Street Address Image: Street Address Image: Street Address Image: Street Address Image: Street Address Image: Street Address Image: Street Address Image: Street Address Image: Street Address Image: Street Address Image: Street Address Image: Street Address Image: Street Address Image: Street Address Image: Street Address Image: Street Address Image: Street Address Image: Street Address Image: Street Address Image: Street Address Image: Street Address Image: Street Address Image: Street Address Image: Street Addres Image: Street Address Image: Stree	Street Address Telephone Number Date of Birth EIS ID# Image: Street Address Image: Street Address Image: Street Address Image: Street Address Image: Street Address Image: Street Address Image: Street Address Image: Street Address Image: Street Address Image: Street Address Image: Street Address Image: Street Address Image: Street Address Image: Street Address Image: Street Address Image: Street Address Image: Street Address Image: Street Address Image: Street Address Image: Street Address Image: Street Address Image: Street Address Image: Street Address Image: Street Address Image: Street Address Image: Street Address Image: Street Address Image: Street Address Image: Street Address Image: Street Address Image: Street Address Image: Street Address Image: Street Address Image: Street Address Image: Street Address Image: Street Address Image: Street Address Image: Street Address Image: Street Address Image: Street Address Image: Street Address Image: Street Address Image: Street Address Image: Street Address Image: Street Addres Image: St	Street Address Telephone Number Date of Birth EIS ID# Service Code(s) Image: Street Address Image: Street Addres Image: Street Address Im	Street Address Telephone Number Date of Birth EIS ID# Service Code(s) Authorization Period Image: Street Address Im

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Individual to Receive Services	Street Address	Telephone Number	Date of Birth	EIS ID#	Service Code(s)	Authorization Period	Cost Sharing Amount

II. AUTHORIZATION

The provider is authorized to claim reimbursement for services provided to the individual(s) named above for the specified authorization period (s).

Date Completed: _____ Worker's Signature: _____

III. CANCELLATION

The original authorization period for the above individual(s) has ended early.

Authorization terminates effective: _____ Date Completed: _____

Worker's Signature: _____

Agency Contact Person: ______ Telephone number: _____

Authorized County Representative: ______ Telephone number: _____

DSS-1360 (rev. 02/09) Economic and Family Services Section