



# Juvenile & Youth Services

## NON-SCHEDULED PAYMENT AUTHORIZATION REQUEST

SECTION I: Identifying Information		
Case Name:	Date of Birth:	J AIS Number:
CMO Case Manager:	Current Probation Level:	
CMO:	Current Provider:	
Section II: Service Requested		Amount
<input type="checkbox"/> Medical, Vision, Dental, or Prescription Expenses Not Covered by MA (Attach Explanation & Receipt)		
<input type="checkbox"/> Noncontracted Evaluations and Assessments (Attach Explanation & Receipt)		
<input type="checkbox"/> Clothing Authorization (Attach Explanation & Receipt)		
<input type="checkbox"/> Transportation (Attach Explanation & Receipt)		
<input type="checkbox"/> Education Expenses (Attach Explanation & Receipt)		
<input type="checkbox"/> Holiday Allowance for Out-of-Home Care		
<input type="checkbox"/> Other: (Attach Explanation & Receipt)		
<b>Non-Scheduled Payment Total Amount:</b>		
CMO Case Manager Signature:		Date:
CMO Executive Director Signature:		Date:
WC-JYS Director or Deputy Director Signature:		Date: