Use of Flex Funds

Date:	
Child's Name:	
Agency:	
Person Completing Form:	

Use of Flex Funds Greater then: $250 up to $1,499
Describe item to be purchased with flex funds, amount and how the purchase will assist the child in achieving an Objective
(include Goals & Objectives by Number and Letter)

Waiver Program Manager: LGU:

Use of Flex Funds Greater than $1,500 up to $4,999
Describe item to be purchased with flex funds, amount and how the purchase will assist the child in achieving an Objective
(include Goals & Objectives by Number and Letter)

Waiver Supervisor: Waiver Program Manager:

LGU: OMH Regional Coordinator:

Use of Flex Funds Greater Than $5,000 or more
Describe item to be purchased with flex funds, amount and how the purchase will assist the child in achieving an Objective
(include Goals & Objectives by Number and Letter)

Waiver Supervisor: Waiver Program Manger:

LGU: OMH Regional Coordinator:

OMH Central Office Administrators