

Service Coordinator Name & Phone:

Kansas City ATR Providers – Voucher Request Form

Dismas House of Kansas City, Inc.

About the Consumer:

LRM NAME: PLEASE PRINT		DATE OF BIRTH: (COMPLETE DOB REQUIRED)		SOCIAL SECURITY NUMBER: (COMPLETE SSN REQUIRED)	
LRM ADDRESS:	CITY:	ZIP CODE:	LRM EMAIL ADDRESS:	LRM CONTACT PHONE (MAIN):	
LRM CONTACT PHONE (ALTERNATE):	SPECIAL NEEDS/ACCOMODATIONS:		DMH ID #:	PROGRAM START DATE :	
LRM ALTERNATE CONTACT NAME:	LRM CONTACT PHONE (ALTERNATE):	FOLLOW-UP GPRA DUE DATE:	DISCHARGE DATE:		

About the Provider:

PROVIDER AGENCY NAME:	PROVIDER CONTACT PERSON:	CONTACT PHONE:	RETURN FAX:	EMAIL ADDRESS:
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Services Requested: Recovery Plan Needed LRM Agreement Needed RP/LRM Agreement Signed & Returned

Section One: Initial Voucher Requests Only

Specify the LRM needs identified in the Recovery Plan that will be addressed by the services requested below. Please complete this section for each new service requested while the LRM is participating in your program. Initial voucher requests should not exceed \$250, and will be provided based upon the consumers' available allocation and unique circumstances.

LRM Goal/Need to be addressed:	SERVICE CODE:	# OF UNITS:	TOTAL AMOUNT:	EFFECTIVE DATE:

Section Two: Request Adjustments to Existing Vouchers

This section is used to add or subtract units of service from vouchers that have been previously requested. **Please do not request new services and adjustments to existing services on the same form.**

SERVICE CODE:	ORIGINAL VOUCHER DATE:	# OF UNITS TO BE ADDED:	# OF UNITS TO BE SUBTRACTED:	TOTAL AMOUNT TO BE ADJUSTED:	NEW EFFECTIVE DATE:	NOTES:

Processing Notes: Processed Processed w/Questions Unable to Process

Date Received:	REJECTION REASON(S): <input type="checkbox"/> Follow-up GPRA Due <input type="checkbox"/> RMC Due <input type="checkbox"/> Voucher Request Incorrect/Incomplete <input type="checkbox"/> Voucher Funds Unavailable <input type="checkbox"/> Services Dates Unconfirmed/RMC Required <input type="checkbox"/> LRM Did Not Confirm Service Date <input type="checkbox"/> Unable to make contact with LRM <input type="checkbox"/> Other: _____
Date Returned:	
Notes:	

BEGINNING BALANCE: _____ AMOUNT OF THIS REQUEST: _____ REMAINING BALANCE: _____