SERVICE VERIFICATION AND PREAUTHORIZATION FORM

Name of person requesting service: _____

Organization of person requesting service: _____

Name of person for whom service is being requested:

Last name _____ First Name _____

DOB: _____ MCD ID _____

Service being requested: _____

Address where service is being requested: _____

Zip Code: _____ Phone number: _____

Reason service is being requested: _____

Eligibility for services: _____

Actions previously taken for services to be provided:

Landlord Contacted on _____ Outcome _____

Gov't agency contacted on _____ Outcome _____

Verification of conditions verified through:

Pictures (Must attach)

Site visit conducted by on

External source referral and verification.

Name of external source

Verification documentation(Must attach)

Reviewed by Date:

Review Outcome: Authorized Amount authorized

Not Authorized. Reason: