****

Date: \_\_\_\_\_\_\_\_\_\_\_

**FLEX-General**

**Client Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **HMIS ID Number: ­­­­­­­­­**\_\_\_\_\_\_\_\_\_\_ **Enrollment Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_

**Requesting Agency Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Type of Payment Request:** □**Online Payment** □**Paper Check** □**Agency Reimbursement**

**Payee Information:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **ITEM DESCRIPTION** | **CATEGORY (Mark “X”)** | | | | | **Amount** |
| **Critical Documents** | **Employment & Training** | **Healthcare** | **Housing** | **Transportation** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **TOTAL AMOUNT OF REQUEST:** | | | | | |  |

**CASE MANAGER NOTES:**

***How does this request improve the client’s ability to achieve or maintain housing, employment, or self-sufficiency? (Use a second page if needed.)***

***List three agencies contacted to request funding. (Use a second page if needed.)***

*By our signatures, we affirm that the client is in a CoC, Emergency Shelter, or Street Outreach (or equivalent case management) program****.*** *The client has a completed HUD Assessment in the MDHA HMIS. We further affirm that the client and the agency have no other resources to pay for the needed items listed above.*

**AGENCY INSTRUCTIONS:**

**Submit this form and ALL Documentation/Receipts/Invoice clearly detailing the Payee, Amount and Method of payment required.**

Submissions must be scanned to pdf and uploaded to your agency’s MDHA Base Camp project or faxed to 972-638-5621

***PRINT CLEARLY***

**Case Manager Signature: (X)**

**Case Manager Name:**

**Case Manager Email:**

**Case Manager Telephone:**

**Agency Supervisor/Program Manager Signature:**

**MDHA Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

OFFICE USE ONLY: 🞏CAS – Match 🞏 Veteran 🞏 Re-Entry