

ATR IV Service Request Form

This form should be used for any requests for dollar-based services, such as:

- *Child care*
- *Wellness*
- *Employment and Job Training Services-Other (not ATR IV ROVS services, which are unit-based and delivered by specific ATR IV providers)*
- *Educational Services*

This form can also be found on the ABH website, (www.abhct.com). On the main page of the website, click on “Programs and Services”, then click “ATRIV”, then click “View All,” and under “ATRIV Provider Resources”, click “Service Request”.

Instructions for Service Recipient:

- ATR IV is a federally-funded program and should be used only when there is no other available funding. Please check to see if there is financial assistance available to you for the services you are interested in before you request assistance from ATR IV.
- Complete the second page and sign the form. Include your phone number or email address on the bottom of this page so that we can contact you. Incomplete forms will not be processed.
- Fax both pages of this form, along with all required documentation for your request (see p2) to ABH at 1-866-580-4322.
- ABH will mail a check directly to the vendor. In most cases we will also require that the recipient of the check provide a W-9. Not submitting a W-9 may create an obstacle to receiving the requested service or item. *ABH will not release payments, or allow payment refunds, to clients themselves.*

If your request is approved, we need to contact you before we plan to mail the check to the vendor. How can we contact you?

Phone: _____

Email: _____

Name of Recipient: _____ DOB: _____

I am requesting: (please check:)	Required Documentation:
<input type="checkbox"/> Childcare (licensed providers only)	Registration form/invoice & W9
<input type="checkbox"/> Wellness (e.g. gym memberships, yoga)	Membership agreement or application with pricing information & W9
<input type="checkbox"/> Employment and Job Training (e.g. tools, uniforms, training class)	List/quote of items; proof of employment***; documentation from employer or training agency that items are required; & W9;
<input type="checkbox"/> Educational Services (e.g. GED class, tuition, textbooks)	Course registration or list of items being requested & W9

****Any requests for job-related items made in subsequent months are treated as separate orders. They will require the same documentation (updated if applicable) as first order. Dollar amount total of all orders combined cannot exceed dollar limit under service category.**

***** Verification of employment includes: paystubs (showing withholdings for Fed, State & SSI), 1099 form; business tax returns; personal tax returns. Clients who cannot verify that they have reported their income to the IRS are not eligible for employment/vocational services.**

Name of Class, Item, or Service:

Expected Start Date and Length of Service: _____

Amount of Item or Service: _____

This service will help me in my by recovery by:

PROVIDER SIGNATURE (optional) X _____

CLIENT SIGNATURE: X _____