



**Behavioral Health Recovery Program
Recovery Support Services
Photo Identification
Reimbursement Request Form**

This form is to be completed by contracted SRHS or Husky D behavioral health treatment providers seeking reimbursement for up-front costs of obtaining photo identification for clients. **This form must be faxed to BHRP-RSS at 1-866-249-8766 and be accompanied by a copy of the receipt from the agency providing the photo ID.**

Provider Name:

Client Name:

Type of Identification:

Reimbursement Amount:

Provider Signature:

Date:
