

DHMH Community Options Payment Request Form

IMPORTANT: Support planners must have service line approval in the POS prior to submitting this form to the provider for payment. Submit requests for payment at least three business days prior to expected date of purchase. The provider will process any emergency requests within 48 hours of receiving required provider information.

Please note the following guidelines when submitting a Request:

- **Support planners must obtain receipts for all check payments**
- All fields below marked by "*" are required for all purchases
- All fields marked by "***" are additionally required for all paper check requests
- NOTE: checks will be delivered by USPS averaging 2-3 business days after the check has been cut
- FAX or Email the request form to the provider
- The provider will only process returns/exchanges for items that are defective or the wrong item is delivered
 - If a return/exchange is needed, Support planners must contact the provider
 - For returns/exchanges, the support planner must confirm the reason and coordinate the return/exchange with the vendor. Support planners are responsible for sending all refunds to the provider via check for non-online purchases.
- The provider will reimburse support planning agencies for items or services they have purchased directly if the items or services are approved on the POS. Support planners **must** provide a receipt of the items purchased as well as a list of items, if not on receipt, when submitting the request form. Reimbursement requests may be rejected if items on the receipts are not allowable, funded, or approved.
- For Birth Certificate Requests, follow these additional instructions:
 - Enter name of the vendor to which the check will be made payable to.
 - Enter the support planner agency address under "Vendor Contact" and "Vendor Address".
 - Enter the Tax Identification Number (TIN) for the birth certificate vendor.
- For any questions, contact the provider directly

For online purchases:

- NOTE: items on wish lists are subject to being sold out
- All information on purchased items will be available via the provider.
 - In the event of sold out items, the provider will move forward in purchasing all available items. The support planner will be notified and responsible to identify and submit a new request form for any previously sold out items that they wish to still purchase.
- Email the wish-list link to the provider with the Request Form
- For Online Requests, please note that the prices are not final and are subject to change and shipments may come in multiple packages and at different times
- Walmart wish-lists cannot exceed 25 items due to Walmart website capabilities. Please make multiple requests for lists greater than 25 items.
- Online purchases will be made through vendors WALMART, TARGET, AMAZON, and PEAPOD.

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*Participant Name		*Participant LTSS ID #																		
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*Has Participant Transitioned? (Y/N)		*Transition Date		*Emergency Payment? (Y/N)	
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Specify either MFP, Transition Service, or Human Assistance type, from only one of the following:

<input type="checkbox"/>	*Items that Substitute for Human Assistance
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*MFP Flex Funds – Specify (check one)		
<input type="checkbox"/> Accessibility Equipment	<input type="checkbox"/> Companion Animal	<input type="checkbox"/> Groceries
<input type="checkbox"/> Rehabilitation Equipment	<input type="checkbox"/> Non-Medical Transportation for Community Integration	<input type="checkbox"/> Non-Medical Transportation to Secure Housing
<input type="checkbox"/> Nutritional Supplements	<input type="checkbox"/> OTC Medication	<input type="checkbox"/> Other
<input type="checkbox"/> Pest Eradication	<input type="checkbox"/> Pet Supplies	
<input type="checkbox"/> Birth Certificate		

*Transition Services - Specify (check one)		
<input type="checkbox"/> Secure essential utilities	<input type="checkbox"/> Basic furniture	<input type="checkbox"/> Small appliances or other appliances
<input type="checkbox"/> Essential personal or household items	<input type="checkbox"/> Transition related support	<input type="checkbox"/> Other
<input type="checkbox"/> Obtain Housing	<input type="checkbox"/> Security Deposit	

*Description of service:

*Payment Amount		**Expected Delivery Date	
*Vendor Name (Payee)		**Order Number/ Price Quote Number	
Vendor Contact		**Taxpayer Identification Number/SSN if independent contractor	
**Vendor Address City, State, Zip		Vendor tax exempt? Y/N	
**Vendor Phone		Vendor Email	

*Method of Payment	*"Mail to" Address (if different from Vendor Address)	*Participant Mailing Address
<input type="checkbox"/> Paper Check <input type="checkbox"/> Online Purchase		

Please attach vendor/provider invoice if available.

*Support Planner Name		*Support Planner Agency		*Date		*Email	
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