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| --- | --- |
|  | **Arlington County, DHSChild and Family Services Division2100 Washington Blvd., 3rd Floor, Arlington, VA 22204****Pre-Authorization Letter** |

This letter serves as notice that Arlington County’s Department of Human Services, Child and Family Services Division authorizes the vendor indicated below to provide and/or purchase services on behalf of Arlington County and to be reimbursed. **Note: Arlington County contract with vendor supersedes this pre-authorization letter.**

[ ]  **Reimbursement**  [ ]  **Emergency Purchase** [ ]  **Non-Contracted Vendor
Is this client the child of an IL/FF/FC client? Check box if yes:** [ ]

|  |  |  |  |
| --- | --- | --- | --- |
| **Case Manager** |  | **Mandate Code** |  |
| **Client Name** |  | **Client ID#** |  |
| **Vendor Name** |  | **Vendor ID#** |  |
| **Contact Name** |  | **Contact Phone** |  |
| **Contact email** |  |  |       |

**Authorized Services**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Service** | **Unit of Measure** | **Unit $Amt (required if CSA/MHI)** | **Total $Amount****(not required for CSA/MHI** | **Funding Source** | **Start Date** | **End Date** | **SPT** |  |
|  |  |  |  | Choose | Choose | **Choose** |  |  |

**Authorized Signatures**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Name (please print) | Signature | Date |  |
| **SU\*** | Choose an item. |  |  |  |
| **FM\*** | Choose an item. |  |  |  |

 SU\*: Supervisor, FM\*: Funding Manager **This form last revised: 8/15/23**