TCM PLUS – CUSTOMIZED GOODS AND SERVICES REQUEST FORM

Youth name:	DOB:	Age:
Caregiver name:	Request date:	
Name of program/service or item requested (provide name of specific vendor, link to website page where item can be purchased and item #, if applicable):		
For **items** to be purchased, please indicate whether: ☐ Only this specific item may be purchased (*if approved, fulfilling request may be delayed if item is unavailable*) ☐ Substitution of a similar item is acceptable if requested item is unavailable at time of purchase.		
If request is for enrollment in a specific program, what are the dates of the program? *(Requests must be made at least one month prior to the start date)*		
Amount requested: $		

Who will receive the items ordered?

Recipient's Name:			
Address:			
City:	State:	Zip Code:	
County:			
Delivery confirmation:	Yes ☐	No ☐	

What is the youth's level of care?

TCM Plus ☐	TCM Level I ☐	TCM Level II ☐	TCM Level III ☐	1915(i) ☐

Has this request been discussed in a CFT and included in the POC? Yes ☐ No ☐

Is the Plan of Care included or attached to this request? Yes ☐ No ☐

Describe how the funds will be used to promote the child's behavioral health and why the child is seeking this request. Identify how the item or service will support the child's therapeutic goals included in the Plan of Care.

Identify how the item or service will be sustained as a support for the child.

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What other resources/funds/individuals have been accessed to obtain good or service? Please list all agencies such as DSS and other charitable organizations that have been contacted and note reason for refusal: Must have contacted a minimum of 2 agencies.

Name of Agency/Individual:	Name of Agency/Individual:
Person contacted:	Person contacted:
Reason Refused:	Reason Refused:

Requestor Information:

FPSS Name:	
Phone Number:	Work Mailing Address:
Email Address:	
Supervisor Signature/Date:	
Care Coordinator Name:	
Care Coordination Organization:	
Date of Notification of Care Coordinator:	

BHA Use Only

APPROVED ☐ DENIED ☐ BHA Signature _____ Date _____

Reason for denial:

Procedure for purchasing items goods or services:

1. *FPSS/CCO writes the request*
2. *FPSS Supervisor reviews and approves request – submits to the Maryland Coalition of Families (MCF) at CGSrequests@mdcoalition.org.*
3. *MCF then submits this form, password protected, to BHA (candice.adams@maryland.gov)* ***along with documentation that specifically details exactly what needs to be purchased.***
4. *BHA Representative will email the signed authorization form back to indicate approval to purchasing@mdcoalition.org*
5. *GOODS: MCF will purchase goods on behalf of the youth and have them delivered to the identified location. FPSS will obtain signature from family that they have received the item and submit to MCF*
6. *SERVICES:*
    - *Service providers will submit proof of service to the Maryland Coalition of Families along with invoice to purchasing@mdcoalition.org*
    - *Service Providers will submit a W-9 to the Maryland Coalition of Families to purchasing@mdcoalition.org*
    - *The Maryland Coalition of Families will send payment to service providers.*