



Name of agency			Date (month, day, year)		
Name of recovery consultant			Unique identification number of client		
Type of request Service specific cap			Special request		
SERVICES	EXPENDED	ENCUM	BERED	AVAILABLE	TOTAL
Recovery Consultation					
Recovery Support					
Clinical Services					
TOTAL					
Additional dollar amount requesting Will this require an increase in the overall cap? Yes No					
If yes, explain:					
Planned services:					
Please provide a narrative about this client. Ensure that you address the following questions:					
 What distinctive characteristics make this client an exception to the spending restrictions put in place by Indiana Access to Recovery? What community resources have you utilized to assist in this client's recovery? What plan is in place to address the client's recovery needs in the future? How will action on this affect the client's sobriety? 					
Narrative:					
FOR OFFICE USE ONLY					
Approved Rejected	Approved by (if applicable)	FUR OFFICI		Amount approved	Date approved (month, day, year)