

## KDOC Trust Fund Reimbursement / Withdrawal Request

<b><u>Community Supervision Agency Information</u></b>											
Requesting Agency:											
Mailing Address:											
Community Supervision Officer:											
Telephone Number:											
<b><u>Juvenile Information</u></b>											
Name:		DOB:		IV-E Eligible?		Yes		No			
SSN:		Benefit Type:									
Current Placement:						Start Date:					
Placement History <i>(Please indicate each placement type this Juvenile has lived in for the last 2 years.):</i>											
Juvenile Correctional Facility?		Yes		No		If yes, provide dates:		From To:			
Psychiatric Residential Treatment Facility (PRTF) or Medicaid Billable placement?						Yes		No			
Non-PRTF Out of Home Placement or other placements that are <b>not</b> Medicaid Billable?						Yes		No			
Other, please explain:											
Type of Purchase or Expense:											
Date of Purchase:											
<b><u>Attached Verification</u></b>											
(Mark all that apply with an X.)											
Attach copies of:		Bill or Invoice		Receipt(s)		Voucher		Local Agency Check			
Other: (please specify)											
<b><u>Community Supervision Agency Approval</u></b>											
Signature of Agency Director or Designee:						Date:					
Title: Community Supervision Officer											
<b><u>KDOC Decision</u></b>											
(For KDOC use only)											
Reimbursement approved.		_____		Reimbursement check in the amount of _____				Enclosed.		_____	
Withdrawal approved.		_____		Withdrawal check in the amount of _____				Enclosed.		_____	
Reimbursement denied.		_____		Reason for denial _____							
Withdrawal denied.		_____									
Signature:						Title:		Date:			