

**CLIENT SERVICE AGREEMENT  
PAYMENT AUTHORIZATION**

Date:	Community Supervision Officer: Telephone:	For Office Use Only										
<b>JUVENILE</b>  Address:  Date of birth  Social Security Number		<b>PROVIDER</b>  Address  Phone  Tax ID#										
<b>SERVICE</b> From _____ to _____ Rate _____ Billable Unit _____ Service Frequency _____ Duration (Number of billable units, i.e., days, hours etc.) _____ Progress Report Due Dates _____		<b>SERVICE</b> From _____ to _____ Rate _____ Billable Unit _____ Service Frequency _____ Duration (Number of billable units, i.e., days, hours etc.) _____ Progress Report Due Dates _____										
<p><b>ADDITIONAL INFORMATION:</b> (i.e., client names if different from above, other info, etc.) FOR ALL SERVICES PURCHASED. Either document the desired outcome here, or attach a copy of the case plan which pertains to the outcome.</p> <p align="center">If goods only on non-social service provider, i.e., attach bill or statement receipts.</p>												
<b>REQUIREMENTS:</b> Agency: Plan with client, placement provider and/or family Shared with provider Services purchased must be consistent with the plan/goal Negotiate and monitor provider agreement  Mutual: Discuss any change in status or plan for client Notification of 10 working days for termination of service agreement prior to proposed ending date		Provider: Services provided in conformance with standards contained herein Services provided consistent with and supportive of the case Supervision Plan Abide by licensing Standards and other regulations as applicable Maintain up-to-date records documenting service provided Provide progress reports to the agency as specified Maintain records to demonstrate costs Submit time sheets as required Medicaid or other health insurance, when applicable, must be billed prior to submitting to KDOC for payment										
<b>AUTHORIZATION:</b> <table border="0" style="width: 100%;"> <tr> <td style="width: 60%;">Provider</td> <td style="width: 40%;"></td> </tr> <tr> <td style="padding-left: 100px;">Title</td> <td style="text-align: right;">Date</td> </tr> <tr> <td> </td> <td></td> </tr> <tr> <td>Community Supervision Officer</td> <td></td> </tr> <tr> <td style="padding-left: 100px;">Title</td> <td style="text-align: right;">Date</td> </tr> </table>			Provider		Title	Date	 		Community Supervision Officer		Title	Date
Provider												
Title	Date											
Community Supervision Officer												
Title	Date											