



**Arkansas Department of Human Services  
Division of Children and Family Services  
REQUEST FOR SERVICE / ENCUMBRANCE**

Case Worker's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_ Fax #: \_\_\_\_\_

Supervisor's Name/Email: \_\_\_\_\_ Phone # \_\_\_\_\_

Requesting County: \_\_\_\_\_ County of Client's Current Residence \_\_\_\_\_

Contractor's Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

**Service:**

- |                                |                          |                 |                          |
|--------------------------------|--------------------------|-----------------|--------------------------|
| Psychological Evaluation:      | <input type="checkbox"/> | Respite:        | <input type="checkbox"/> |
| Intensive Family Services:     | <input type="checkbox"/> | Counseling:     | <input type="checkbox"/> |
| Adoption Home Study:           | <input type="checkbox"/> | Individual:     | <input type="checkbox"/> |
| Adoption Home Study Update:    | <input type="checkbox"/> | Group:          | <input type="checkbox"/> |
| Adoption Child Summary:        | <input type="checkbox"/> | Family:         | <input type="checkbox"/> |
| Adoption Child Summary Update: | <input type="checkbox"/> | In-Home:        | <input type="checkbox"/> |
| Home Study:                    | <input type="checkbox"/> |                 |                          |
| Drug Assessments:              | <input type="checkbox"/> | Drug Treatment: | <input type="checkbox"/> |
- (Must have Central Office Approval)

Client's Name: \_\_\_\_\_ Marital Status: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

Client Address: \_\_\_\_\_ Phone #: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

CHRIS Client ID/CHRIS #: \_\_\_\_\_ SSN #: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

Is this service court ordered?  Yes  No Date of Court Order: \_\_\_\_\_

Next Court Date: \_\_\_\_\_

**Comments/Additional Information:**

Unit Supervisor Approval: \_\_\_\_\_ Date: \_\_\_\_\_

County Supervisor Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Financial Coordinator: \_\_\_\_\_ Units Keyed \_\_\_\_\_ Date: \_\_\_\_\_