

TCM PLUS – CUSTOMIZED GOODS AND SERVICES REQUEST FORM

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. If requesting funding for electronic devices, such as laptops or tablets, please contact local schools before completing a CGS Request for funding.

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. *The FPSS shall complete and upload the CGS Request Form, Plan of Care and any invoices/W9 (if applicable) to Salesforce. The Care Coordinator shall complete the CGS Request form and email it along with the Plan of Care any invoices/W9 (if applicable) to CGSrequests@mdcoalition.org.*
2. *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.***
3. *BHA Representative will email the signed authorization form back to indicate approval to CGSrequests@mdcoalition.org.*
4. *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*
5. *SERVICES:*
 - *Service providers will submit proof of service/receipts to the Maryland Coalition of Families at CGSrequests@mdcoalition.org.*
 - *The Maryland Coalition of Families will send payment to service providers.*