

## Voucher Request Form

### CFP Community Response Mental Health Vouchers for Youth

Please Send Platte, Colfax, Boone or Nance County Referrals (or Questions) to:

Email: [vouchers@columbusunitedway.com](mailto:vouchers@columbusunitedway.com)

United Way office: 402-564-5661

Not Redeemable for Cash. Voucher **expiration date is within 3 months** of date on this Voucher Request Form. **THE FIRST APPOINTMENT SHOULD BE SCHEDULED BY EXPIRATION.**

Date: \_\_\_\_\_

Name of Youth Receiving Vouchers: \_\_\_\_\_

Parent Name: \_\_\_\_\_

(As listed on CR Intake forms; **THE FORMS MUST BE COMPLETED WITH THE PARENT AS THE CLIENT UNLESS 18 YEARS OLD OR OLDER – PLEASE REVIEW TO MAKE SURE ALL QUESTIONS HAVE BEEN ANSWERED AND SIGNED AS APPROPRIATE**)

Mental Health Provider (from approved list): \_\_\_\_\_  
(agency name, not individual counselor)

Number of sessions requested: \_\_\_\_\_ (**MAXIMUM of 8 can be requested**)

Does family have insurance coverage for which company will be billed: Yes No

Name of Insurance Company: \_\_\_\_\_

Does family have ability to contribute financially: Yes No

If yes, state family contribution amount for each session: \_\_\_\_\_

Referral made by (name/organization): \_\_\_\_\_

CR referral form for coaching submitted (MUST PROVIDE CR BROCHURE AND OFFER COACHING TO FAMILY; is okay if they refuse this part of the service): Yes No

Funded by:

