

TBS Request for Authorization

Prepare and submit this form with the client's chart to URC 5 days before the termination date.

CLIENT NAME: _____	AGE: _____	DOB _____	
COMPLETED BY: _____	DATE COMPLETED: _____		
AGENCY: _____			
Current Authorization or Assessment Period terminates on _____			
Number of hours per week requested _____		Number of days requested (Up to 90 days) _____	
Total number of Authorizations (An Extended Services form is required for service requests exceeding 9 months.) _____			
Special considerations to be addressed by the UR Committee; OR response to previous requests for additional information from the UR Committee.			
Committee's Recommendations			
See attached TBS Documentation Authorization for Additional TBS Services form Chart has all necessary documentation			
The Committee:			
Authorizes up to _____ hours /week for up to 90 days.			
Authorization is terminated by _____			
Authorizes continuing TBS for up to _____ hours /week for up to _____ days .			
Authorization is terminated on: _____			
Amended the request for re-authorization and authorizes _____ hours /week for up to _____ days			
Authorization is terminated on _____			

Reviewer's Signature _____

Date _____

TBS Coordinator Signature _____

Date _____