

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 _____