



B&B Care Services, Inc.

P.O. Box 1040 • Springfield Georgia 31329 • 912-754-0817

fsrequest@bandbcare.com

Family Support Prior Authorization Request State Funded Goods or Services

Request Date: _____ for Month: _____ Requested by: _____

Participant Name: _____ CID#: _____ Invoice#: _____

Participant's Address: _____ Shipping Address: _____ Payee Address: _____

Responsible Party: _____ Contact Number: _____

Email Address: _____

Measurable Goal Outcome-Achievement-Benefit Expected from Services – Goods Requested:

1. _____
2. _____
3. _____
4. _____
5. _____

Service – Good Category	Description (Item, Size, Color)	Quantity	Vendor – Payee Name	Purchase Amount	Approval Status:	*B&B Office Staff Only Approved by: DBHDD Region: _____
						Program
						Program
						Program
						Program
						Program

Total Approved

Participant, Caregiver or Legal Guardian Please return this request form by the 15th of the current month for services or goods for the next month to:

Email: fsrequest@bandbcare.com or **Mail:** P.O. Box 1040 Springfield, Ga 31329

****DBHDD State Funded Goods & Services is non-entitlement program based on funding availability and level of need****