



CDC+ Request for Special Purchase



Consumer Name:	Consumer ID#:	Consultant Name:
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Please indicate the item/service that you would like to buy using your CDC+ savings funds, describe the need for the item/service requested, and how it will enhance consumer's health and/or independence.

Service Code and Description: _____

How it will enhance consumer's health and/or independence?

Consultant's Recommendations:
CDC+ Recommendations:

CDC+ Determination

<input type="checkbox"/>	Approved	<input type="checkbox"/>	More Information Needed	<input type="checkbox"/>	Not Approved
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Consumer/Representative Signature: _____ Date: _____

Consultant Signature: _____ Date: _____

CDC+ Authorized Signature _____ Date: _____

It is the program participant's responsibility to ensure that adequate funds are available prior to making this purchase.
CDC+ 1-866-232-3733