

YOUNG ADULT VOLUNTARY FOSTER CARE NON-SCHEDULED PAYMENT AUTHORIZATION

Michigan Department of Human Services
(This authorization is good for one non-scheduled payment only)

SWSS Log Number

Case Number			Case Name (Last, First, Middle Initial)					
Customer ID Number	Date of Birth	Legal Status	Funding Source	County	District	Section	Unit	Worker

Provider Number	Soc. Sec./Fed. Employer ID Number	Begin Date	End Date
Provider Name			
Address			
City	State	Zip Code	
Payment Reason(s) and Service Code(s)			Non-Scheduled Payment Amount
Local Office Worker Signature		Date	Supervisor Signature
			Date
Local Office Worker Phone Number		Supervisor Phone Number	

THE FOLLOWING SIGNATURES MAY BE REQUIRED BY POLICY:

Local Office Director Signature	Date	District Manager Signature	Date
Manager Signature	Date	Central Office Signature	Date

Comments:

Email completed form to DHS-YAVFC@michigan.gov or mail to the address below.

DHS – Subsidy Office
Young Adult Extension Unit
235 S. Grand Ave., Suite 412
Lansing, MI 48933