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**FLEX-General**

**MDHA Flex Fund Request Form**

**Date: Client Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **HMIS ID Number: ­­­­­­­­­**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Requesting Agency Name:**

**Type of Payment Request:** □**Online Payment** □**Paper Check** □**Agency Reimbursement**

**Payee Information:**

|  |  |  |
| --- | --- | --- |
| **ITEM DESCRIPTION** | **CATEGORY (Mark “X”)** | **Amount** |
| **Critical Documents** | **Employment & Training** | **Healthcare** | **Housing** | **Transportation** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **TOTAL AMOUNT OF REQUEST:** |  |

**CASE MANAGER NOTES:**

***How does this request improve the client’s ability to achieve housing, employment or self-sufficiency?***

***Detail why there are no other resources or funds for the request?***

*By our signatures, we affirm that the client in a CoC, Emergency Shelter or Street Outreach program****.*** *The client has a completed HUD Assessment in the MDHA HMIS. We further affirm that the client and the agency have no other resources to pay for the needed items listed above.*

***PRINT CLEARLY***

**AGENCY INSTRUCTIONS:**

**Submit this form and ALL Documentation/Receipts/Invoice clearly detailing the Payee, Amount and Method of payment required.**

Submissions must be scanned to pdf and emailed to:
Flex@MDHADallas.org

**Case Manager Signature: (X)**

**Case Manager Name:**

**Case Manager Email:**

**Case Manager Telephone:**

**Agency Supervisor/Program Manager Signature:**

**MDHA Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

OFFICE USE ONLY: 🞏CAS – Match 🞏 Veteran 🞏 Re-Entry