

Vendor Approval for Services

Request Date: _____

Youth Name: _____ DOB: _____

Organization/Individual Name: _____

Address: _____

Contact Person: _____

Contact Phone: _____

Contact email: _____

Service to be provided: _____

Cost: _____

Service Start Date: _____

To provide the above named service, the service providers are required by law to have a criminal background check and fingerprints on file? Yes documents are on file and proof can be provided

No I am not required by law to have background check

Authorized Signature: _____

By signing this document I am acknowledging that the above named youth has been referred to this organization for services and has been accepted to participate in services at the cost indicated above. I acknowledge that the cost of named services cannot be provided under a scholarship or other funding from this organization.