



# iLIFE Fiscal Agent Authorization

Program Name: \_\_\_\_\_ Case Manager: \_\_\_\_\_ Funding Source: \_\_\_\_\_

Authorization:  New  Update  End Phone Number: \_\_\_\_\_

Effective Date: \_\_\_\_\_ Email Address: \_\_\_\_\_

EMPLOYER/CLIENT		GUARDIAN/POA		TOTALS	
Name:		Name:		Service Code	Monthly Authorized Amount
Address:		Address:			
Date of Birth:		Phone:			
Phone:		Relationship to Employer/Client:			
EMPLOYEES/PROVIDERS					
Name:		Service Code/Description:			
Phone:		Quantity:			
Hourly Wage:		Unit:		Grand Total	
Relationship to Employer/Client:		Frequency:		Notes:	
Name:		Service Code/Description:			
Phone:		Quantity:			
Hourly Wage:		Unit:			
Relationship to Employer/Client:		Frequency:			
Name:		Service Code/Description:			
Phone:		Quantity:			
Hourly Wage:		Unit:			
Relationship to Employer/Client:		Frequency:			

Employer/Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Case Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_