

## Health Care Policy/ Community Supports and Services START – UP FUNDS UTILIZATION FORM

Consumer Name:	Date:
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Date of Placement:	Provider name:
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Prior Placement:
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Consumer funds available: \$ _____ In the box below, list what these funds will be used to purchase and the purchase price.
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Total amount of consumer funds used: \$ _____
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<p style="text-align: center;">In the space below indicate all financial resources as well as any non-financial resources which are available thru <b>Capacity Building</b>. Include prices were applicable. (Attach additional pages as needed) If no resources are available thru your Capacity Building efforts provide a detailed statement.</p>
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Item	purchase price if applicable

In the spaces below, create a <b>prioritized</b> list of all items the consumer needs; include purchase price.
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START – UP FUNDS UTILIZATION FORM**

Item	Price
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
<b>TOTAL START-UP FUNDS REQUESTED</b>	<b>\$</b>

**HCP/CSS reserves the right to fund this request for start-up funds in whole or in part.**

APPENDIX E:



**Health Care Policy/ Community Supports and Services**  
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----- Case Manager	Date:
----- Provider	Date:
----- CDDO Representative:	Date:

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