

Flex Funds Request

Complete electronically only – no handwritten requests are accepted.

Organization Information - Who the check should go directly to

Organization Name: _____

Organization Address: _____

TIN: _____

Request Information - Family Care Coordinator or Family Support Partner

Requestor Name: _____

Email: _____ Phone Number: _____

Requested Amount: \$ _____

What purpose is this request for? _____

Requestor Signature: _____

Date: _____

Required for submission

The following documents are required for a complete Flex Fund request:

- This Flex Fund request form
- W-9 for the organization the check will go to
- Budget sheet, bill or invoice from the organization that the flex funds will cover
- A copy of the Plan of Care that indicates the need this flex funding is fulfilling
- Documentation of at least 3 attempts from other community organizations where the funds were denied or not available

Email all of these items securely to: Tammy Cooley at TCoolley@MagellanHealth.com.