



B&B Care Services, Inc.

P.O. Box 1040 • Springfield Georgia 31329 • 912-754-0817

respite@bandbcare.com

Family Support Prior Authorization Request RESPITE – CLS Service

****Request is limited to only one month in advance and will expire by end of the approved month****

Date: _____

Participant Name: _____ CID#: _____ DOB: _____

Address: _____

Responsible Party: _____ Contact Number: _____

Email Address: _____ Requested by: _____

Measurable Goal Outcome-Achievement-Benefit Expected. *Please select service(s) requested

- ___ **CLS**: provide coaching and teaching of daily functional living skills, with the goal to promote independence.
- ___ **Respite**: provide relief to help family caregivers restore balance in their lives, with the goal to take the time to recover from the stresses of caregiving and flexibility to take care of other important aspects of their lives, as reported by the caregiver.

Please enter vendor of choice for service selected above: *approved vendor list available on B&B website

Vendor of choice Contact Name: _____ Number: _____

Vendor Email Address: _____

****Please contact your Family Support Coordinator for assistance, if needed.**

Participant, Caregiver or Legal Guardian Please return this form prior to the 15th of the month to:

Email: respite@bandbcare.com or **Mail:** P.O. Box 1040 Springfield, Ga 31329

Preferred Vendor	Service Type	Select Month Requested:		Authorized Rate
	CLS	Hours requested:		Hourly \$ _____ (\$ /unit)\$ _____
	Respite (In home or Out of home)	Hours requested:		Hourly \$ _____ (\$ /unit)\$ _____

B&B Office only	
Approved Hours Maximum	Reviewed by:
	Status: _____ Program: _____
	Status: _____ Program: _____

Reason for denial or requested hours: _____

Participant Verification of Vendor Service

Please select link below to complete a brief post-service verification survey

<https://bandb.care/survey-cls/>

Vendor invoice must be received via email to fsb@bandbcare.com within 30 days of delivered service to be eligible for payment

***Vendor invoice processed after service verification by Caregiver-Family is complete.**

Email: fsb@bandbcare.com or Mail: P.O. Box 1040 Springfield, Ga 31329

****DBHDD State Funded Goods & Services is non-entitlement program based on funding availability and level of need****