COLORADO DEPARTMENT OF HUMAN SERVICES AUTHORIZATION FOR NON-CONTRACTUAL CASE SERVICE PAYMENTS

1.	LARIMER COUNTY DHS				2. BILLING FOR MONTH OF,					
3.					4.					
	Name of Payee				H.H. Soc. Sec. or Tax I.D. No. of Payee					
	Address				_					
	City, State, Zip				_					
5.										
DATES OF SERVICE (1)			BASIC HOUSEHOLD NO. (2)	NAME (2A)	DISCRETE CATEGORY CODE (3)	EXPLANATION OF SERVICE PROVIDED AND REASON SERVICE IS REQUIRED	PROGRAM CODE (5)	OBJ CODE	AMOUNT DUE (7)	
Service Service Begin End			- (-)		(0)	INE GOINED				
						TOTAL DUE				
6.	6. CERTIFICATION "I understand the policy of the Department of Human Services concerning discrimination under the Civil Rights Act of 1964 and section 504 of the Rehabilitation Act of 1973 which prohibits payment to any vendor providing care and services under federally assisted programs unless such care and service is provided without discrimination on the grounds of race, color, religion, sex, national origin or handicap. I hereby certify that I am in compliance therewith."									
7. APPROVAL:						Signature of Vendor			te	
Caseworker Signature Date						County Director or Supervisor Da			te	
8. Date Paid:										

ORIGINAL: SIGNED AND SENT TO BOOKKEEPING FOR PAYMENT. CASE WORKER SHOULD RETAIN OWN COPY IF NEEDED.