Foothills United Way

Date: _____

Client Information:

Name: _____
Phone: _____

Address (at the time of the flood): _____

_____

Mental Health Provider Information:

Name: _____

Address: _____

I (name of the mental service provider) _____agree to invoice Foothills United Way directly for services provided for (name of client) _____. I understand fully that the total cost of services billed to Foothills United Way will not exceed a total of $500 per individual or $1,500 per households with children and that each individual session should not exceed $200.

I (name of client) _____ understand that I am receiving a voucher* from Foothills United Way for the total amount of $500 in mental health services. I also understand that I have the freedom to see as many practitioners as I need provided the practitioner fits the stated criteria and the cost does not exceed $500 total per individual or $1,500 per households with children. Any costs that I accrue above and beyond the stated limit will not be payable by Foothills United Way.

_____ _____
Client Signature Date

_____ _____
Mental Health Provider Signature Date

*This voucher is non-transferable and is valid for 8 months from the date of this agreement.

Please mail signed contract and invoices to Foothills United Way, Attn: Amy Hardy, 1285 Cimarron Drive, Suite 101, Lafayette, CO. 80026 Fax #: 303-444-2620