

Extraordinary Funding Notification Form

Section 1. **Date Completed:** **Fiscal Year:** _____

CDDO Area: **Review Conducted By:** **Phone Number:**

Consumer Name: **Tier:** **SSN:**

EF Tool Assigned Level: **EF Approved Since:**

Section 2: EF Funding Review

Complete this section if a person is currently receiving extraordinary funding and the CDDO has completed the review and approved CONTINUATION of extraordinary funding.

Service	Units Approved For Current FY	Difference Between EF Daily Rate and Regular Daily Rate	Total Additional Cost for Current FY	Total Additional Cost for Next FY (Annualized)

Section 3: EF Statewide Waiting List

Complete this section if a person is applying for initial access to extra-ordinary funding.

Service	Units Approved For Current FY	Difference Between EF Daily Rate and Regular Daily Rate	Total Additional Cost for Current FY	Total Additional Cost for Next FY (Annualized)

Section 4: Elimination of EF Costs

Reason EF costs have been eliminated

- Deceased
- Moved: The person left the state or CDDO area with no plans to seek services in another CDDO area
- Terminated: The CDDO reviewed this individual and found him/her to no longer be eligible for EF funds per EF tool
- Other: _____

Service	Units Approved For Current FY Which will not be used	Difference Between EF Daily Rate and Regular Daily Rate	Total Funds Approved which will not be used in Current FY	Total Funds Approved which will not be used Next FY (Annualized)

Submit

Reset