



iLIFE Fiscal Agent Authorization

Program Name: _____ Case Manager: _____ Funding Source: _____

Authorization: New Update End Phone Number: _____

Effective Date: _____ Email Address: _____

EMPLOYER/CLIENT		GUARDIAN/POA		TOTALS	
Name:		Name:		Service Code	Monthly Authorized Amount
Address:		Address:			
Date of Birth:		Phone:			
Phone:		Relationship to Employer/Client:			
EMPLOYEES/PROVIDERS					
Name:		Service Code/Description:			
Phone:		Quantity:			
Hourly Wage:		Unit:		Grand Total	
Relationship to Employer/Client:		Frequency:		Notes:	
Name:		Service Code/Description:			
Phone:		Quantity:			
Hourly Wage:		Unit:			
Relationship to Employer/Client:		Frequency:			
Name:		Service Code/Description:			
Phone:		Quantity:			
Hourly Wage:		Unit:			
Relationship to Employer/Client:		Frequency:			

Employer/Client Signature: _____ Date: _____

Case Manager Signature: _____ Date: _____