

MACOMB COUNTY OFFICE OF SUBSTANCE ABUSE
 FOCUS - AUTHORIZATION

Name: _____ **Case #:** _____ **Case:** _____
Date of Birth _____ **Home Phone** _____ **Current Admission** _____
Address _____ **Primary Affiliate:** _____
Primary Program: _____
Case Holder: _____
Disability Designation: _____

Authorization

Affiliate
 SUD CA
Provider _____ **Consumer** _____

Service Package

Authorization Effective Date _____ **Authorization Expiration Date** _____
[Use Current Date](#)

Authorizing Agent Notes

Provider Notes

characters left: 2048

Requested Date _____ **Requested / Added By** _____

Service lookup clear	Standard Unit Type										
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;"><u>Effective Dates</u></td> <td style="width: 25%;"><i>Total Units Requested</i></td> <td style="width: 25%;"><u>Frequency</u></td> <td style="width: 25%;"><i>Total Units Requested</i></td> </tr> <tr> <td><input type="text"/> - <input type="text"/></td> <td><input type="text"/></td> <td><input type="text" value="v"/></td> <td><input type="text"/> Calculate</td> </tr> </table>	<u>Effective Dates</u>	<i>Total Units Requested</i>	<u>Frequency</u>	<i>Total Units Requested</i>	<input type="text"/> - <input type="text"/>	<input type="text"/>	<input type="text" value="v"/>	<input type="text"/> Calculate			
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			<input type="button" value="Calculate"/>
Notes			
Add More Detail Lines			

Spell Check

<input type="button" value="PROCESS REQUEST"/>	<input type="button" value="SAVE and PEND"/>	<input type="button" value="CANCEL"/>
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<input type="button" value="Back"/>	<input type="button" value="Home"/>
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