

MCOSA AUTHORIZATION FOR RECOVERY HOUSING

Date Request Received:			
Client Name:			
Client Date of Birth:		SS #:	
Client Phone Number:			

The above named client is initially authorized for recovery housing services for a period of 60 days. If further time is needed beyond this initial authorization, please fax a re-authorization request to the AMS, CARE of Southeastern Michigan, at 586-541-2274, at least seven days prior to this authorization's expiration.

Recovery Home Authorized:		Fax #	
Recovery Home Location:			
Expected Admission Date:			

AMS Signature

Date

<i>Date AMS faxed to Authorization to Recovery Home:</i>	
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