



INCENTIVE/ENABLER REQUEST FORM

COUNTY HEALTH DEPARTMENT _____ Service Site: _____

Requestor: _____ Date: _____

TB Manager/CHD Nurse: _____ Phone # _____

Housing

Approval Signature: _____

Patient's Name _____ HMS State ID # _____

Vendor/Landlord _____ Property Manager _____

Payment Mailing Address _____ City/State _____ Zip _____

Will vendor accept state VISA card for payment? Yes _____ No _____
Is a 5 working day turnaround feasible for receipt of funds if they do not accept Visa? Yes _____ No _____

Vendor's Federal ID# _____ or SS# _____

Phone _____ Date(s) of service _____ Amount of Request \$ _____

Justification (or attachment): _____

Other Enablers - (e.g., Drug susceptibility testing, CTs, MRI, Juice, Applesauce, Bottled Water, etc.)

Approval Signature _____

Patient's Name _____ HMS State ID # _____

Name of Vendor _____ Vendor's Federal ID# _____

Will vendor accept state VISA card for payment? Yes _____ No _____

Payment Mailing Address _____ City/State _____ Zip _____

Phone _____ Amount of Request \$ _____

Justification (or attachment): _____

Sustacal/Boost Order

Approval Signature: _____

CHD _____ Ship To Address _____

Requestor _____ TB Nurse (Contact Person) _____

Vanilla _____ # of cases _____ Vanilla Pudding _____ # of cases _____

Chocolate _____ # of cases _____ Chocolate Pudding _____ # of cases _____

Strawberry _____ # of cases _____ ButterScotch Pudding _____ # of cases _____

Choice DM Vanilla _____ # Cases DMChocolate _____ # of Cases

FOOD Coupons (Winn Dixie, Publix & McDonald's)

{Please Follow Previously Established Procedures}