

**This is an example of a Purchase of Service (POS) authorization for respite. A yellow copy goes to the service provider. Consumer families will receive a pink copy by mail and should retain it for their records.**

# AUTHORIZATION TO PURCHASE SERVICES

**San Andreas Regional Center**  
P.O. BOX 50002  
SAN JOSE, CA 95150-0002  
408-374-9960

**DATE** 09/07/20  
**AUTHORIZATION NO** 12345678

Information about your respite agency

Information about your child (regional center consumer)

**VENDOR INFORMATION**  
**VENDOR NO.** HS0690

**CLIENT INFORMATION**  
**CLIENT I.D.** #1234567      **Birth Date** MM/DD/YYYY

**NAME** AGENCIA DE RESPIRO  
**ADDRESS** 1234 S. COUNTY ROAD  
SALINAS, CA 93940  
  
**PHONE** 800 555 5555

**NAME** JOSE LUIS CONSUMIDOR  
**ADDRESS** NOMBRES DE LOS PADRES  
1234 MAIN ST.  
SOLEDAD CA 93960  
  
**PHONE** 831 555 1234

Your service coordinator

**OFFICE INFORMATION**

**CASEWORKER** MIGUEL LOPEZ

**CASEWORKER I.D. NO.** XYZ

DESCRIPTION OF SERVICES AUTHORIZATION UNITS		
BUDGET CODE	ACCOUNT CODE.	MAX NO. MONTHS
491	FMS CO EMPLOYER	1.00 MONTHLY
65	65130	2
465	PD RESPITE SRV FM	24.00 HOURS DIRECT
65	65130	2

AUTHORIZED FROM - TO		
MAX. UNITS/MONTH	UNIT COST	MAX. AUTH. AMOUNT
FMS-CO-EMPLOYER SERVICES		
1.0000	96.860	193.72
FMS-IN HOME RESPITE 1:1 STAFFI		
24.0000	17.030	817.44

Agency administrative information.

Important Information about YOUR RESPITE SERVICE

Number of months your respite is authorized for

Maximum # of hours you may use per month

Start & end dates for your authorization

This is the monetary value of these services. This is **NOT** a fee for families!

**FUNDING AFTER THE END OF CURRENT FISCAL YEAR (6/30 each year) CONTINGENT UPON ADEQUATE STATE FUNDING.**

**COMMENTS**

24 HOURS PER MONTH

GROSS AUTH AMT	1011.16
LESS OTHER REV TO VENDOR	.00
	.00
	.00
TOTAL OFFSET OF RC COST	.00
TOTAL RC LIABILITY	1011.16

MONTHLY ADMINISTRATIVE COSTS.

**TO PROVIDER OF CARE:**

Please read carefully. If you cannot meet the terms of this arrangement, please notify promptly the Business Office of the Regional Center. This "Authorization To Purchase Services" may be cancelled prior to the indicated expiration date, and this event, notification of such termination will be given. THIS CANCELS ALL PREVIOUS AUTHORIZATIONS WITHIN THE SAME FISCAL YEAR.

This area contains terms of service information for the respite agency, not the family.

You will be receiving standardized statement forms to be used in billing's monthly. Retain the vendor's copy for your records and return all other copies to us. Payment to you can be mailed by the fifteenth of each month ONLY if you mail your monthly statement to arrive at our office no later than the fifth day of each month following the provision of the service.

PARENT/FAMILY/CLIENT

*Signature*

**Este es un ejemplo de una autorización de compra de servicio ("POS" en inglés) para el respiro. Se envía una copia amarilla al proveedor de servicios. Las familias de los consumidores recibirán una copia rosa por correo y deben conservarla para sus registros.**

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**AUTHORIZATION NO** 12345678

**VENDOR INFORMATION**

**VENDOR NO.** HS0690

**NAME** AGENCIA DE RESPIRO  
**ADDRESS** 1234 S. COUNTY ROAD  
 SALINAS, CA 93940

**PHONE** 800 555 5555

Información de la agencia del servicio respiro

Información de su hijo/a (cliente del Centro Regional)

**CLIENT INFORMATION**

**CLIENT I.D.** #1234567 **Birth Date** MM/DD/YYYY

**NAME** JOSE LUIS CONSUMIDOR  
 NOMBRES DE LOS PADRES  
**ADDRESS** 1234 MAIN ST.  
 SOLEDAD CA 93960

**PHONE** 831 555 1234

Coordinador de Servicios

**OFFICE INFORMATION**

**CASEWORKER** MIGUEL LOPEZ

**CASEWORKER I.D. NO.** XYZ

DESCRIPTION OF SERVICES			
AUTHORIZATION UNITS			
BUDGET CODE	ACCOUNT CODE	MAX NO.	MONTHS

AUTHORIZED FROM - TO		
MAX. UNITS/MONTH	UNIT COST	MAX. AUTH. AMOUNT

491	FMS CO EMPLOYER	1.00	MONTHLY	2
65	65130	2		
465	PD RESPITE SRV FM	24.00	HOURS DIRECT	2
65	65130	2		

Información administrativa de la agencia.

Información importante sobre SU SERVICIO RESPIRO

FMS-CO-EMPLOYER SERVICES		
9/01/20	10/31/20	
1.0000	96.860	193.72
FMS-IN HOME RESPITE 1:1 STAFFI		
9/01/20	10/31/20	
24.0000	17.030	817.44

Número de meses de Respiro que está autorizado

# Máximo de horas puede usar por mes

Fechas de inicio y fecha final de su autorización

Este es el valor monetario de estos servicios. ¡Esto NO es una tarifa para familias!

**FUNDING AFTER THE END OF CURRENT FISCAL YEAR (6/30 each year) CONTINGENT UPON ADEQUATE STATE FUNDING.**

**COMMENTS**

24 HOURS PER MONTH

GROSS AUTH AMT	1011.16
LESS OTHER REV TO VENDOR	
.00	
.00	
.00	
TOTAL OFFSET OF RC COST	.00
<b>TOTAL RC LIABILITY</b>	<b>1011.16</b>

MONTHLY ADMINISTRATIVE COSTS.

**TO PROVIDER OF CARE:**

Please read carefully. If you cannot meet the terms of this arrangement, please notify promptly the Business Office of the Regional Center. This "Authorization To Purchase Services" may be cancelled prior to the indicated expiration date, and this event, notification of such termination will be given. THIS CANCELS ALL PREVIOUS AUTHORIZATIONS WITH THIS DATE.

Esta área contiene información sobre los términos de servicio para la agencia de respiro, no para la familia.

You will be receiving standardized statements monthly to be used in billing us monthly. Retain the vendor's copy for your records and return all other copies to us. Payment to you can be mailed by the fifteenth of each month ONLY if you mail your monthly statement to arrive at our office no later than the fifth day of each month following the provision of the service.

PARENT/FAMILY/CLIENT

Signature