

001 Applicant last name: Allan	002 Applicant given name(s): Jessica	003 Applicant treaty number: 023401
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**TYPE OF ASSISTANCE**

Special Needs Requirement	Support Document Required	Allowance paid directly to Vendor	Amount
140A Special Needs (Non-Insured Health Benefits)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$ 0.00
140B Special Needs (Other)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$ 0.00

*Transfer to line 140A and/or 140B on Budget and Decision Form (SD04)*

Please provide an explanation of items and/or services provided:  
For all claims refer to Section 4.6 and 4.7 of the regional manual for limitations and maximum allowances.

(THIS FORM TO BE RETAINED ON CLIENT FILE WITH RECEIPTS)

**I have reviewed eligible allowances with the Issuing Authority.**

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Issuing Authority \_\_\_\_\_ Date \_\_\_\_\_

For Use by the Issuing Authority