**Pre-ETS Request for Authorization (RFA) Form**

**for Work Experience Services**

**I. Vendor Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name: | Click or tap here to enter text. | DARS Provider/Vendor Number: | DARS Vendor Number |  |
| Address: | Address Line 1 | Month Services Will Be Provided: | MM/YYYY |  |
| Address Line 2 | DARS Counselor Name: | Counselor Name. |
| Address Line 3 |  |  |

**II. Consumer Data & Request for Authorization**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Student Name  (First & Last) | DARS Participant ID # | Service Code | # of Service Units Requested (hours/days) | Summary of Progress/Justification for Request |
| Student Name | PID # | Choose an item. | # of Units | Click or tap here to enter text. |
| Student Name | PID # | Choose an item. | # of Units | Click or tap here to enter text. |
| Student Name | PID # | Choose an item. | # of Units | Click or tap here to enter text. |
| Student Name | PID # | Choose an item. | # of Units | Click or tap here to enter text. |
| Student Name | PID # | Choose an item. | # of Units | Click or tap here to enter text. |
| Student Name | PID # | Choose an item. | # of Units | Click or tap here to enter text. |
| Student Name | PID # | Choose an item. | # of Units | Click or tap here to enter text. |
| Student Name | PID # | Choose an item. | # of Units | Click or tap here to enter text. |
| Student Name | PID # | Choose an item. | # of Units | Click or tap here to enter text. |
| Student Name | PID # | Choose an item. | # of Units | Click or tap here to enter text. |

|  |  |
| --- | --- |
| Request Approved | Notes:  Click or tap here to enter text. |
| Request Denied | Please provide the following additional information:  Click or tap here to enter text. |