

Henderson County  
Department of Social Services



**Henderson County DSS Vendor Payment Request**

- Name of Child (Use separate request for each child): \_\_\_\_\_
- Parent Name(s) and contact information: \_\_\_\_\_
- Name of Professional recommending services/activity/items: \_\_\_\_\_
- Special training, licensure, or credential of the individual: \_\_\_\_\_
- Type of service for which vendor payment will be utilized (use separate request for each service request): \_\_\_\_\_
- Diagnosis/Special Need/Condition child has: \_\_\_\_\_
- How does the service requested relate to the condition of the child? How will it be beneficial: \_\_\_\_\_  
\_\_\_\_\_
- For medical related request, specify if the service is not covered by Medicaid or private insurance and why it is a need: \_\_\_\_\_
- Specify about the service:
  - Service goals: \_\_\_\_\_
  - Duration of service: \_\_\_\_\_
  - Monthly cost of service: \_\_\_\_\_
  - Projected total cost of service: \_\_\_\_\_
- Is there scholarship money available or minimized fee available for the service? If so, has the effort been made to utilize them? \_\_\_\_\_
- What other services have been explored and utilized as resources other than vendor payments? \_\_\_\_\_  
\_\_\_\_\_

**\*INCLUDE DETAILED INVOICE OF SERVICE REQUESTED\***

Signature of Parent(s): \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Professional: \_\_\_\_\_ Date: \_\_\_\_\_

**For DSS Use Only**

Date reviewed: \_\_\_\_\_ Reviewed by: \_\_\_\_\_  
\_\_\_\_\_ Approved \_\_\_\_\_ Denied \_\_\_\_\_ Additional documentation needed

Notes: \_\_\_\_\_